CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

EP 23907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:

C. P. Poole 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C62561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. C62561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst., (yrs., mos., or days) 10a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Central Ave. (If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME Jason Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-21-1901

8. AGE: Years	Months	Days	If less than one day
47	8	19	hr. min.

9. Birthplace Carolina Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " "

MOTHER
14. Maiden Name " " "
15. Birthplace " " "

16 (a) Informant Annie Lang
(b) Address 946 N. Bay St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 4-24-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Byron F. Mamie Haught
(b) Address 721 Arasquita St.

19 APR 24 1948 (Date rec'd by registrar) (By) Hunter Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1948, at 7 15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull & intracranial hemorrhage

Due to

Other Conditions Fracture of left clavicle & 2nd and 3rd left ribs (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-19-48 ? A 3/2 M.
(b) Where did injury occur? In front of 506 S. Central Ave (Lumber yard)
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell from lumber pile

23. Signature Earl L. Kay M.D. Medical Examiner.
Date signed 4-19-48

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G62562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G62562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Huntington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Elliott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/28/1902

8. AGE: Years	Months	Days	If less than one day
46	10	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Louis Elliott
13. Birthplace

MOTHER 14. Maiden Name Elizabeth Gardner
15. Birthplace

16 (a) Informant: Sister in Law.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Frank H. Seitz
(b) Address 5434 36th St

19 (a) APR 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1948 at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1948 to 4/22 1948 and that I last saw him alive on 4/22 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Uremia Toxemia	
Due to Pneumonia	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lane M. Keegan M.D.
Address Mercy Hospital Date signed 4/22/48

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G62563

BALTIMORE CITY HEALTH DEPARTMENT ✓ G62563

CERTIFICATE OF DEATH 186a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 E Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Eugenia Walter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	(widowed)

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-1885

8. AGE: Years	Months	Days	If less than one day
72	6	24	hr. 1855 min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER — 12. Name	Jacob Snyder
13. Birthplace	Germany
MOTHER — 14. Maiden Name	Joanna Walter
15. Birthplace	Germany
16 (a) Informant	Mrs. A. Hankins
(b) Address	7604 Guilford Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/24/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Hanover, Penna.
18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.
19 APR 24 1948 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1948 at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1948 to 4-24 1948, and that I last saw h[illegible] alive on 4-23 1948

Immediate cause of death: Fractured Hip — Duration: 1wk
Due to: ASCVD
Due to: Diseases
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 12/5
(b) Date of occurrence 4-17-48 at ? M
(c) Where did injury occur? 316 E Lanvale St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? No
(e) Means of injury Slipped & fell on floor

23. Signature William A. Post
Address Mercy Date signed 4-25-48 M.D.
for Wm H. Kemp, Jr., by H. J. Mallon, M.D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G62564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 E. Heath St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E. Heath St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Connelly

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Samuel O.
6 (c) If alive, give age 1 years

7. Birth date of deceased (mo., day, yr.) 8/13/1878

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Koch
13. Birthplace Ger.

MOTHER 14. Maiden Name Anna Denning
15. Birthplace Ger.

16 (a) Informant Family
(b) Address Same.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 4-17-48 (month) (day) (year)
(c) Cemetery or crematory C. Hill
Location Baltimore Md.

18 (a) Funeral director L. M. Cooley
(b) Address 1303 Fawn St. Baltimore, Md.

19 (a) APR 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1948 at 7 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/26/48

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G62363 DBA acc.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45a

Registered No. G62565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, either write RURAL and give town)
(d) Street No. 2034 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olaf Johnson

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	?

6 (b) Name of husband or wife
6 (d) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue

18 (a) Funeral director Walter Burke Bradley
(b) Address 1922 W. North Avenue

19 (a) APR 24 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1948 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death ? Carcinomatosis — Duration ?

Due to Carcinoma of lip ?

Due to cervical metastases

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lovene Spencer MD
Address Johns Hopkins Hosp Date signed 4-22-48 M. D.

To be approved by Medical Examiner H. J. Matthews M.D.

G62566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. G62566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 W. Lorraine Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Florence Elizabeth Ashley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Grover C Ashley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1 - 1880

8. AGE: Years 68 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John T. Karr
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Susan V. Burns
15. Birthplace Maryland

16 (a) Informant Grover C Ashley
(b) Address 214 W. Lorraine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) APR 24 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/48 19 , at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16/48 to 4/22/48, and that I last saw her alive on 4/22/48

Immediate cause of death: Cardio Respiratory failure — Duration

Due to Toxemia

Due to paralytic Ileus

Other Conditions uremia

(Include pregnancy within 3 months of death)

Date of operation 4/21/48

Major findings of operation: Ileus

of autopsy: Ileus neurogenic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter P Bailey

Address 1400 Caroline Date signed 4/22/48

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G62567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G62567 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lilly E. Mathias ~~White~~

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Arthur G. Mathias

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1880

8. AGE: Years	Months	Days	If less than one day
68	2	18	hr. min.

9. Birthplace Maryland - Baltimore (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business —

FATHER
12. Name Jack Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Melvin
15. Birthplace Maryland

16 (a) Informant Arthur G. Mathias
(b) Address 3314 Chestnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burdee Funeral Home
(b) Address 3631 Falls Road

19 (a) APR 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1948 at 2:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-[illegible] 1948 to 4-23 1948, and that I last saw her alive on 4-23 1948.

Immediate cause of death	Duration
myocardial infarction	
Due to Coronary Thrombosis	
Due to Arteriosclerotic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. G. Laham M. D.
Address Franklin Sq Hosp Date signed 4-23-48

G62568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. G62568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Waltemeyer ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Waltemeyer Ct.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Ida Gracie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Col.	Married

6 (b) Name of husband or wife William H. Gracie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1882

8. AGE: Years	Months	Days	If less than one day
65	10	10	hr. min.

9. Birthplace Charles Cty Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Bolling Green
13. Birthplace Va

MOTHER
14. Maiden Name Mary Soans
15. Birthplace Va

16 (a) Informant William H. Gracie
(b) Address 604 Waltemeyer Ct

17 (a) Burial (b) Date thereof 4/25/48
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Charles City
Location Charles City, Va

18 (a) Funeral director Geo. W. Robertson
(b) Address 1303 Pennsylvania Ave

19 APR 24 1948 (b) Turnbington Williams M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1948, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1948 to Apr. 21 1948 and that I last saw her alive on Apr. 21 1948

Immediate cause of death	Duration
Endocarditis	4 mos
Due to Septicemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Lawrence M. D.
Address 1033 W. Lanvale St. Date signed 4/23/48

X

G62569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G62569

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address Linden Ave. & Brooks Lane. Georgian Court Apt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Georgian Court Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HORTENSE G. SPEAR.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dr. Irving J. Spear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1879

8. AGE: Years 68 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Greenwald,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Fannie Hamburger,
15. Birthplace Balto. Md.

16 (a) Informant Dr. Irving J. Spear,
(b) Address Georgian Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/48. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place.

19 APR 24 1948 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1947 to April 23 1948, and that I last saw h[illegible] alive on April 23 1948.

Immediate cause of death	Duration
Uremia	
Cardiac Failure	
Due to: Nephritis	
Due to Hypertension C. V. Dis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Bernard J. Cohen M. D.
Address Marlb. Apts. Date signed 4/25/48

VS 150

062570

BC-48-09324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. 062570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Doctors Hosp.
(c) Hospital or institution:
2724 N. Charles St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 449 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Oliveira

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/23/48

8. AGE: Years	Months	Days	If less than one day
		1	....hr. ....min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name John Oliveira
13. Birthplace New York

MOTHER
14. Maiden Name Catherine Mullikin
15. Birthplace Eastern Md.

16 (a) Informant John Oliveira
(b) Address 449 E 25th St

17 (a) B (Burial, cremation, or removal) (b) Date thereof 4-24-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location —

18 (a) Funeral director Weidefeld's Son
(b) Address Greenmount & 22nd

APR 24 1948 (Date received by Registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1948, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1948 to 4-24 1948, and that I last saw h... alive on ... 19...

Immediate cause of death: Prematurity — Duration 1 day

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ... M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 576 Cresleigh Rd Date signed 4/24/48

VS 159.

G62571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

Registered No. G62571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Czyzia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wal ta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9 1910

8. AGE: Years 38 | Months — | Days 14 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Samuel Czyzia
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Poland

16 (a) Informant Julia Wosk
(b) Address 13 S. Ann St.

17 (a) Burial (Burial, cremation, or removal), (b) Date thereof April 20 1948 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY CEM
Location GARMAN HILL RD.

18 (a) Funeral director DIPPEL BROTHERS
(b) Address 1800 E LOMBARD ST.

19 (a) APR 24 1948 (Date rec'd by registrar) (b) Huntington Williams, Mott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 2:30 P.M

21. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Pulmonary Tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Ryan M.D.
Medical Examiner.
Date signed April 23, 1948

VS 151

G62572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct—age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 PRESBURY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 59
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 PRESBURY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY THEIS

3 (b) If veteran, name war NO
3 (c) Social Security Account No. Yes

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 21, 1879

8. AGE: Years 69 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation PLUMBER

11. Industry or business —

FATHER 12. Name HENRY THEIS
13. Birthplace N.Y.

MOTHER 14. Maiden Name ~~MARGARET~~ Katherine FOERSCH
15. Birthplace N.Y.

16 (a) Informant MR. LESLIE W. THEIS
(b) Address 1710 WARWICK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/24/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ WESTERN
Location BALTO, MD.

18 (a) Funeral director WM. J. TICKLE & SONS
(b) Address BALTO. MD.

19 (a) APR 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1948, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1948 to 4/21 1948 and that I last saw h alive on 4/21 1948

Immediate cause of death: Cerebral sclerosis — Duration: 2 yrs
Due to
Due to
Other Conditions Coronary occlusion — Duration: 1 day
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hyman Miller M.D. M. D.
Address 2030 Wilkens Ave Date signed 4/22/48

VS 150

3525?3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G62573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Mercy Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 "H" Court Apt B "2"
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL RUTH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 13/10/1914

8. AGE: Years	Months	Days	If less than one day
33	4	6	hr. min.

9. Birthplace Spartanburg S C
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Ernest Ruth
13. Birthplace S C.

MOTHER
14. Maiden Name Olg McKenney
15. Birthplace S C.

16 (a) Informant Olg Ruth
(b) Address 1206 H. Court apt B2

17 (a) Burial (b) Date thereof 4-24-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mt Auburn

18 (a) Funeral director William a Jackson
(b) Address 916 Penna ave

19 (a) APR 24 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1948, at 11 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒; accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to

Other Conditions Myocardial hypertrophy
Lymphogranuloma inguinale
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 4/20/48

VS 151

83a

G62574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

Registered No. G62574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Mc Culloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business —

FATHER
12. Name Richard Brooks
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lizzie Truett
15. Birthplace Balto Md

16 (a) Informant Lonnie Roy
(b) Address 638 Perkin Ave

17 (a) Burial (b) Date thereof 4/27/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto Memorial
Location Balto City

18 (a) Funeral director Wm a Jackson
(b) Address 916 Penna Ave

19 (a) APR 24 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1948, at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Myocardial hypertrophy, dilatation, and degeneration
Due to Acute pulmonary edema

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 4-22-48

X

G62575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G62575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S. PARKIN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TIMOTHY BRESNAN

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 5th 1892

8. AGE: Years 56 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business For Self

FATHER
12. Name Timothy W. Bresnan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Daley
15. Birthplace Ireland

16 (a) Informant Mrs Mary C. Bresnan
(b) Address 34 S. Parkin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901-03 Hollins St.

19 (a) [illegible] (Burial, cremation, or removal) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/48 19 , at 8.40 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Weirs M.D. (Medical Examiner)
Date signed 4/23/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5184

137a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] 534 Colored Hs
(c) Hospital or institution: Provident Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 43

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 E. 37th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME James Alex Manny

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife (Deceased) Fannie Manny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1882

8. AGE: Years 65 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Rhett Grad (Town, county, and state)

10. Usual Occupation Executive

11. Industry or business

FATHER 12. Name James Manny
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Josephine Lewis
15. Birthplace Pennsylvania

16 (a) Informant Bessie Manny
(b) Address 1314 E. 37th St.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director Howard W. Blight Jr.
(b) Address 6009 Harford Road

19 (a) APR 25 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 1:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1948 to April 23 1948, and that I last saw h.e. alive on April 23 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive cardiac Vascular disease	
Due to	
Other Conditions Benign Prostatic Hypertrophy. (Include pregnancy within 3 months of death)	

Date of operation April 19, 1948
Major findings of operation: Benign Prost. Hypertrophy
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Hogen M.D.
Address 8 Gen. Hosp. Date signed 4-23-48

John F. Hogen

G62577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. 062577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ~~JOHNS HOPKINS HOSPITAL~~ Kirby Hall Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N-Y (b) County
(c) City or town Brownsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Normandy Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gail Cosgrove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-3-37

8. AGE: Years: 10 | Months: 5 | Days: 21 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER — 12. Name: Martin Cosgrove

13. Birthplace

MOTHER — 14. Maiden Name: Frances Cosgrove

15. Birthplace

16 (a) Informant: Records

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4 24 48 (month) (day) (year)

(c) Cemetery or crematory: MENSICO

Location: Mt. Pleasant N.Y

18 (a) Funeral director: Wm. J. Tickner & Sons

(b) Address: North & Penn Aves.

19 (a) APR 25 1948 (Date rec'd by registrar) Huntingtown, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1948 to April 24 1948, and that I last saw h[illegible] alive on April 22 1948

Immediate cause of death: Acute Cardiac Failure — Duration:

Due to: Atresia of Tricuspid Valve.

Due to: Congenital Malformation of Heart

Other Conditions: None.

(Include pregnancy within 3 months of death)

Date of operation: None.

Major findings of operation:

of autopsy: As above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Helen B Tamosc M. D.

Address: 1414 Lake Ave — Date signed: 4/25/48

G62578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G62578 ✓ 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wong Peck

3 (b) If veteran, name war	3 (c) Social Security Account No.
—?—	—?—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Yellow	—?—

6 (b) Name of husband or wife —?—
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —?—

8. AGE: Years	Months	Days	If less than one day
Abt. 66			hr. min.

9. Birthplace —?—
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Not known
13. Birthplace " " "

MOTHER
14. Maiden Name " " "
15. Birthplace " " "

16 (a) Informant Mr Jas. Wu
(b) Address 2430-N-Charles St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co. Md.
18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W Mt. Royal Ave.
19 (a) APR 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 6:00 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
IMMEDIATE CAUSE OF DEATH Pneumonia, Lobar
Consolidation
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer, M.D.
Medical Examiner.
Date signed 4-24-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62579 93E Registered No. G62579

G62579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 Harrison Blvd.
(If no number, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Hattie Leonard Meginnis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wm. H. T. Meginniss
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1863

8. AGE: Years 85 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Royal Oak - Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Nicholas Leonard
13. Birthplace Easton Talbot Md.

MOTHER
14. Maiden Name Mary E. Trumpelow
15. Birthplace Easton, Talbot Md.

16 (a) Informant Mrs. S. C. Tapper Jr. (daughter)
(b) Address 102 E. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Stuart Manuel Co.
(b) Address as 108 W. Mt. Royal Ave.

19 (b) APR 25 1948 (Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1948, to April 24 1948, and that I last saw her alive on April 24 1948.

Immediate cause of death: Hypostatic pneumonia — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. James Hunt M.D.
Address Md General Hosp Date signed 4/24/48

X

G62580 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G62580

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. Cheaspeake Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lee Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Beulah M. Fadeley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1888

8. AGE: Years	Months	Days	If less than one day
59	8	14	hr. min.

9. Birthplace Harford County (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David A. Hawkins
13. Birthplace Peach Bottom Pa.

MOTHER
14. Maiden Name Laura Hopkins
15. Birthplace Harford Co. Md.

16 (a) Informant Miss Mary H. Nelson
(b) Address Havre de Grace Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory Smith Chapel Cemetery
Location Harford Co. Md.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md.

19 (a) (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1948, at 11:52 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 21, 1948, to April 24, 1948, and that I last saw him alive on April 24, 1948.

Immediate cause of death: FOR ADVANCED BILATERAL PULMONARY TUBERCULOSIS — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Houston
Address St. Jos. Hosp. Date signed 4/24/48

VS 150

G62581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G62581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4221 Springwood Ave.,
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME McCANN, Frank Sloan

3 (b) If veteran, name war: WW 1

3 (c) Social Security Account No.: Unknown

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: mar.

6 (b) Name of husband or wife: Gladys Payne McCann

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 19, 1892

8. AGE: Years 55 | Months 10 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Electrician

FATHER
12. Name James McCann
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Sloan
15. Birthplace England

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (b) Date thereof Apr 27 1948
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Harry A Annacone
(b) Address 4704 Ridgewood Ave

APR 26 1948 Baltimore, Williams, Md.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 19 48 to April 24 19 48, and that I last saw h. in alive on April 24 19 48.

Immediate cause of death	Duration
Myocardial infarction, acute	about 1 week
Due to arteriosclerotic coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Nelson Jr M. D.
Address U.S. Marine Hosp. Date signed 4/27/48

G62582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G62582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Avenue
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 N. Patternson Park Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Grillo

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Grillo
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) October 25, 1884

8. AGE: Years	Months	Days	If less than one day
63	5	27	########## hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John V. Alluisi
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ann Fitzpatrick
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Bernard S. Alluisi (Brother)
(b) Address 2798½ The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road, Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

APR 25 1948 (b) (Date rec'd by registrar) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1948 to April 22 1948, and that I last saw him alive on April 22 1948.

Immediate cause of death	Duration
Cardiac decompensation	2 weeks
Due to Hypertensive C-V disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Strenger
Address 1402 E. Fairmount Ave. Date signed Apr. 24 1948

V S 150

G62583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62583 Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Montebello Terrace (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Carolyn Schmidt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22-1889

8. AGE: Years	Months	Days	If less than one day
58	11	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business City of Balto.

FATHER
12. Name Jacob C. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Fischer
15. Birthplace Balto - Md

16 (a) Informant Henry Schmidt
(b) Address 3302 Gibbons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. End of North Ave

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St.

19 (a) 1948 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/48 19 , at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 4/23 1948, and that I last saw h.e.r. alive on 4/23 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	1 day
Due to Cerebral Hemorrhage	3 days
Due to Thrombocytopenic Purpura	? months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred N. Damm M. D.
Address Md. General Hosp. Date signed 4/23/48

G62584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G62584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 22-1
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Church Hill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Smith (Ella Smith)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife William Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1- 1878

8. AGE: Years ? - 70 Months - Days 22 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Joseph Miller

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Hughes

15. Birthplace Ireland

16 (a) Informant Florence E. Wood

(b) Address 228 Church Hill St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-1948 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Flynn - Fleming

(b) Address 1426 Light St.

19 (a) 1948 (b) Received by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/48 19 at 9 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Dacus M.D. Medical Examiner.

Date signed 4/28/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 131

X

G62585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G62585 Registered No. 170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3-2
(b) Street address
(c) Hospital or institution: Union Memorial Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Granby st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence A. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1944

8. AGE: Years 3 | Months 7 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jesse J. James
13. Birthplace Poplar Hill Va.

MOTHER
14. Maiden Name Ruby Wells
15. Birthplace Va.

16 (a) Informant Jesse J. James
(b) Address 1016 Granby st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1945 (month) (day) (year)
(c) Cemetery or crematory Poplar Hill, Va.
Location Virginia

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul st.

19 (a) (Date of death) (b) Purington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1945, at 1:30 P

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 9/8
(a) Date of injury Apr 26 1945 at ... M.
(b) Where did injury occur? Northern Pkwy & Greenmount Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto.

23. Signature ... Medical Examiner M.D.
Date signed Apr 26 1945

VS 151

62586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157a

Registered No. 62586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Hollsopple
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gary Zimmerman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-47

8. AGE: Years 1 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Richard Zimmerman
13. Birthplace Pa.

MOTHER 14. Maiden Name Mary L. Swain
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1948 (month) (day) (year)
(c) Cemetery or crematory Koontz
Location Johnstown, Pa.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) APR 26 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 8 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1948 to Apr 24 1948, and that I last saw him alive on Apr. 24 1948.

Immediate cause of death: Resp. failure — Duration
Due to: Chronic wasting & Hydrocephalus
Due to: Brain Abscess
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address Johns Hopkins Date signed 4/24/48

VS 199

062587 B-C 96919 /104a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 062587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Herbert St. 24
(c) Hospital or institution: S. Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Herbert St. HAVRE DE GRACE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND VOGEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1947

8. AGE: Years 0 | Months 4 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Edward J. Vogel
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ann V. Ineer
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Ann V. Vogel (mother)
(b) Address 1103 Herbert St. Balto 39 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Balto Co. Md.

18 (a) Funeral director E. Howard Evans
(b) Address 1400 S. Charles St. Balto 30 Md.

19 (a) APR 26 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Upper respiratory infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mellenis M.D.
Medical Examiner.
Date signed 4-24-48

G62588 Dr. Machen
6331 Belair Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 83B

Registered No. G62588

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Forest View Ave.
(c) Hospital or institution: 26-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Forest View Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Bose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth Bose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1861

8. AGE: Years	Months	Days	If less than one day
86	10	24	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Samuel Bose
13. Birthplace Penna.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Penna.

16 (a) Informant Mrs. Elizabeth Bose
(b) Address 4409 Forest View Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1948 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1948 to 4/22 1948 and that I last saw him alive on 4/22 1948

Immediate cause of death	Duration
CEREBRAL THROMBOSIS	5 weeks
Due to CEREBRAL ARTERIOSCLEROSIS	5 yrs +
Due to	
Other Conditions SENILITY	5 yrs +

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Machen M.D.
Address 6331 Belair Rd. Date signed 4/24/48

VS 150

G62589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G62589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 E. 24th st
(c) Hospital or institution: 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. 24th st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Owings McComas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 ~~Sex~~ Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 26th 1876

8. AGE: Years 71 | Months 6 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business U. S. P. O.

FATHER
12. Name T. March McComas
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Laura Lythe
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Grason Smith
(b) Address 305 Cedarcroft Rd.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St

19 (a) APR 26 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1948, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1948 to Apr 23 1948 and that I last saw h[illegible] alive on Apr 23 1948

Immediate cause of death: Coronary Thrombosis — Duration: 4 Days
Due to Arterial Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H K Pearce M. D.
Address 2105 N. Charles Date signed 4/24/48

VS 150

G62590

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-08775 CERTIFICATE OF DEATH 159

G62590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 29-4

(a) Baltimore City, Maryland

(b) Street address Eaton & Shelkens

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County.....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. St Agnes Hospital 4706 Sayer ave (If rural give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3 (a) **FULL NAME** Baby Girl Betty Lou Tyndall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Wht

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 4/25/48

8. AGE: Years — Months — Days — If less than one day 10 hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER

12. Name Eugene Tyndall Jr

13. Birthplace Pound Teague Va.

MOTHER

14. Maiden Name Dorothy Taylor

15. Birthplace Bags Wharf Va

16 (a) Informant Eugene M. Tyndall

(b) Address 4706 Sayer Ave. Apt D

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 4/26/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Prospect Hill

Location Towson Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION 48

20. DATE OF DEATH 4/25 1948, at 1115 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1948 to 4/25 1948 and that I last saw her alive on 4/25 1948

Immediate cause of death: Cardio-resp. failure

Due to: Prematurity (26 wks)

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

.....

of autopsy:.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence..... at..... M

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature L. M. D'Elia Sr.

Address St Agnes Hosp. Date signed 4/25/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662591

JL - 119029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

662591 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2943 Cornwall Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Oberdalhoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Sep.

6 (b) Name of ~~husband or~~ wife Lovia Oberdalhoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1888

8. AGE: Years 59 | Months 5 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Md. (Balto.)
(Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER 12. Name Edward Oberdahoff

13. Birthplace ?

MOTHER 14. Maiden Name Ida B. Keller

15 Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/26/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Md.

Location

18 (a) Funeral director Wm Cook Inc.

(b) Address 1217 St. Paul St

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 12.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1948 to April 24 1948, and that I last saw him alive on April 24 1948.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Klebsiella pneumonia (KLEBSIELLA)	7-14 da
Due to:	
Other Conditions: ASCVD	4 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William M. Straight M.D.

Address Balto City Hosp Date signed 4/24/48

107

VS 150

G62592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G62592

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3239 Belmont Ave
(c) Hospital or institution: 16-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3239 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Gordon Rothman

3 (b) If veteran, name war: W. W. I American Spanish
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Carrie Rothman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 1st 1867

8. AGE: Years 81 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation Retired Yard Clerk
11. Industry or business B & O R. R.

MOTHER / FATHER
12. Name Axel Rothman
13. Birthplace Sweden
14. Maiden Name Gordon
15. Birthplace N. Y.

16 (a) Informant Carrie Rothman
(b) Address 3239 Belmont Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 217 E. Paul St.

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1948 at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from January 17 1948, to April 24 1948, and that I last saw him alive on April 24 1948.

Immediate cause of death: Hypertension C-V-D E Congestive Failure — Duration: 7 years 4 mos

Due to

Due to

Other Conditions: None
(Include pregnancy within 3 months of death)

Date of operation: None done

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Eichman M. D.
Address 1201 Eylar Ave Date signed 4-27-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 N. Washington St.
(c) Hospital or institution: 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Germain Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James Walter Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1888

8. AGE: Years	Months	Days	If less than one day
59	6	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lang
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Bain
15 Birthplace Baltimore, Md.

16 (a) Informant Mr. James Walter Scott
(b) Address 507 N. Washington St.

17 (a) Burial (b) Date thereof 4/27/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) APR 26 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1946 to April 24 1948. and that I last saw her alive on April 24 1948

Immediate cause of death	Duration
Coronary Thrombosis	15 min.
Due to Hypertensive - Arterio Sclerotic C-V. Disease	2 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Frosting M.D.
Address 11 E. Chase St. Date signed 4-24-48

G62594

48-08638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114E

G62594

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL 7-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Milliman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KENNETH W. BURKE

3 (b) If veteran, name war: N'e

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 15, 1948

8. AGE: Years | Months | Days: 9 d | If less than one day: hr. min.

9. Birthplace: BALTO. MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: WILBUR BURKE
13. Birthplace: CAMDEN. N.J.

MOTHER
14. Maiden Name: MABEL KNOWLES
15. Birthplace: ROPER. N.C.

16 (a) Informant: PARENTS.
(b) Address: 2328 MILLIMAN ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory: BALTO CEM.
Location: NORTH AVE.

18 (a) Funeral director: SCHIMUNEK FUN. HOME 140
(b) Address: 1605 E MADISON ST.

19 (a) APR 26 1948 (Date received by Registrar) (b) Purington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1948 to 4-23 1948, and that I last saw h[illegible] alive on 4-22 1948.

Immediate cause of death: Trachea - oesophageal fistula — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mallam Edmund Knowles M. D.

Address Sinai Hospital Date signed 4-24

X

G62595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G62595

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1373 N. Gilmor St 15-1
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1373 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 | Months — | Days — | If less than one day hr. min.

9. Birthplace Charlotte Co Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wesley Cole

13. Birthplace Va

MOTHER 14. Maiden Name Nella Moton

15. Birthplace Va

16 (a) Informant Ethel Wyatt (daughter)

(b) Address 1373 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West Port

18 (a) Funeral director J. A. Brooks

(b) Address 1763 N. Carey St

APR 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/48 19 , at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 4/23 1948 and that I last saw him alive on 4/23/48 19 .

Immediate cause of death Acute Coronary Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Brooks Co. M. D.

Address Davis, Troy Date signed 4/23/48

X

G62596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46E

Registered No. G62596

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 165- Colvin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 165- Colvin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie James.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3 1882

8. AGE: Years 66 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and State)

10. Usual Occupation unemployed

11. Industry or business

FATHER 12. Name ?

13. Birthplace Va.

MOTHER 14. Maiden Name ?

15. Birthplace Va

16 (a) Informant Fannie Pierce Norris

(b) Address 165- Colvin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. Halstead

18 (a) Funeral director

(b) Address 918- Druid Hill Ave.

19 (a) APR 26 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/ 1948 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Febry 1948 to April 22 1948 and that I last saw h.. alive on April 20 1948.

Immediate cause of death Tuberculosis Coma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Trampf M. D.

Address 1623 E. N. Ave. Date signed 4/23/48

X

G62597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G62597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 27-19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5805 Johnnell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted], KADISH BURMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Zelda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Joseph Burman
(b) Address 5808 Narcissus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)

(c) Cemetery or crematory Adas Israel
Location North Point & Gorman Mill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 2400 Eutaw Place

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 10:20 AM

21. I certify that death occurred on the date above stated, that I attended deceased from April 20 1948 to April 24 1948, and that I last saw him alive on April 24 1948.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome L. Deutsch M.D.
Address Sinai Hospital Date signed 4/27/48

G62598 BALTIMORE CITY HEALTH DEPARTMENT G62598

CERTIFICATE OF DEATH ✓47a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 West North Ave
(c) Hospital or institution: 13-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur M. Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No. 066-14-1408

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Chicago Ill (Town, county, and state)

10. Usual Occupation Deflorator

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Jennie Bernstein
(b) Address 630 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Rogers Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2150 Eutaw Place

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1948, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19, 1947 to April 24 1948 and that I last saw h-- alive on April 24, 1948

Immediate cause of death: Laryngeal Obstruction — Duration

Due to Carcinoma of Larynx

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sigmund Goldberg

Address 6-- W. North Ave Date signed 4/26/48

VS 150

G62599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G62599

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3728 Cottage Ave
(c) Hospital or institution: 15:12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 Cottage Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Moscol

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace: Russia

MOTHER
14. Maiden Name: Fannie
15. Birthplace: Russia

16 (a) Informant: Nathan Moscol
(b) Address: 3728 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Hebrew
Location: Elam Road

18 (a) Funeral director: Jack Lewis Inc
(b) Address: 2100 Eutaw Place

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1948, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21, 1948 to April 24, 1948 and that I last saw h[illegible] alive on April 24 1948

Immediate cause of death	Duration
Cardiac failure	April 24, 48
Due to Pulmonary edema	April 23, 48
Due to Lymphosarcoma ??	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Samuel Weiman M.D.
Address: 3900 Dorchester Rd Date signed: April 25 1948 M. D.

X

G62600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G62600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Ave.
(c) Hospital or institution: Baptist Home 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Jenkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John J. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1877

8. AGE: Years 70 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Brownsville, Del.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Melvin
13. Birthplace ?

MOTHER
14. Maiden Name Elmina Draper
15. Birthplace ?

16 (a) Informant Records, Baptist Home
(b) Address 1615 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 APR 26 1948 (b) Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1944, to April 23 1948, and that I last saw him alive on April 22 1948.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to —	
Due to —	
Other Conditions Acute Bronchitis	1 wk.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Schreiber M. D.
Address 54 S. Fulton Ave. Date signed

Washington Williams, M.D. Registrar

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G62601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stoney Run Lane
(c) Hospital or institution: Hillcrest Nursing Home 15-12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 8y m.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2572 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. Born in Ireland

3 (a) FULL NAME Stella E. Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife William F. Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1878

8. AGE: Years	Months	Days	If less than one day
69	6	10	hr. min.

9. Birthplace Canada
(Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name James E. MacDougall
13. Birthplace Canada

MOTHER
14. Maiden Name Emily Jarvis
15. Birthplace Canada

16 (a) Informant Helen Hunt
(b) Address 2572 Druid Park Drive

17 (a) Cremation (b) Date thereof April 26/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location South ave & "" ave

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1960 Eutaw Place

19 (a) APR 26 1948 (b) Huntington Wilson, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1948 to 4-24 1948 and that I last saw her alive on 4-22- 1948.

Immediate cause of death	Duration
apoplexy - Hemiplegia -	13 Days
Due to arteriosclerosis & hypertension	years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Durand M.D.
Address Medical Arts Bldg. Date signed 4/25/48

X

G62602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

G62602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 N. Stricker St
(c) Hospital or institution: 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex m

5. Color or race c

6 (a) Single, married, widowed, or divorced. Widowed

6 (b). Name of husband or wife Nannie Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1880

8. AGE: Years 68 | Months 2 | Days | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Evelyn Smallwood
(b) Address 1526 N. Stricker St

17 (a) Burial (b) Date thereof 4-26-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Geo. E. Nelson
(b) Address 1303 Druidman St

19 (a) APR 26 1948 (b)
(Date rec'd by Registrar)

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1948, to 4-23 1948 and that I last saw h(er) alive on 4-22 1948

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Lobar Pneumonia, Hemiplegia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Anderson, M.D.

Address 612 Edmondson Ave Date signed 4-26-48

107

G62603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-4808992 / 157E

Registered No. G62603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Phoenix Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Hannibal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1948

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Theodore A. Hannibal
13. Birthplace Phoenix, Md.

MOTHER
14. Maiden Name Margaret Rezny
15. Birthplace Baltimore, Md.

16 (a) Informant Theodore A. Hannibal
(b) Address Phoenix, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1948 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Long Green, Balto. Co., Md.

18 (a) Funeral director John Burns Long
(b) Address Towson, Maryland

19 APR 26 1948 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 9 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1948 to 4-24 1948, and that I last saw her alive on 4-24 1948.

Immediate cause of death	Duration
Congenital heart disease (patent ductus arteriosus)	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: (above)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Johnson M. D.
Address Mercy Hospital Date signed 4-24-48

662604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89a

Registered No. 662604

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Roselawn Ave.
(c) Hospital or institution: — 26-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4221 Kolb Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma F. Sippel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles S. L. Sippel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1886

8. AGE: Years	Months	Days	If less than one day
61	8	6	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Dietrich Riemecke
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lutz
15. Birthplace Ireland

16 (a) Informant Chas S. L. Sippel
(b) Address 4221 Kolb Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Balto Md

18 (a) Funeral director Sandalin Funeral Home
(b) Address 7401 Belair Rd

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1948, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1948 to 4/24 1948 and that I last saw her alive on 4/24 1948

Immediate cause of death	Duration
a. CEREBRAL ABSCESS	1 MONTH
Due to SUPPURATIVE OTITIS MEDIA	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. W. L. Macken M.D.
Address 6331 Belair Rd Date signed 4/25/48

VS 150

X

62605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered 68605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 DUKELAND ST.
(c) Hospital or institution: 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town 1734 DUKELAND ST. (If outside city or town limits, write RURAL and give town)
(d) Street No. BALTIMORE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ETHEL CATHERINE MORRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife JAMES B. MORRIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 17, 1890

8. AGE: Years	Months	Days	If less than one day
57	0	7	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name PETER R. LATHROUM
13. Birthplace MD.

MOTHER
14. Maiden Name FANNIE SHEIBLEIN
15. Birthplace MD.

16 (a) Informant MR. JAMES B. MORRIS
(b) Address 1734 DUKELAND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location BALTO. MD.

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO. MD.

19 (d) APR 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1948, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1947 19 to 4/24 1948 and that I last saw him alive on 4/24 1948.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of sigmoid	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at: M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter H. Crawford M.D.
Address 709 Hamilton Ave Date signed 4/27/48

VS 150

X

BIHNAT

GG2606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. GG2606

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5303 HERRING RUN DR.
(c) Hospital or institution: 27-6

ABOVE ADDRESS

(d) Length of stay in ~~hospital or inst. (yrs., mos., or days)~~ 8 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 38 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5303 HERRING RUN DR. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL BIHNAT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife: MARY BIHNAT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): DEC. 16, 1858
8. AGE: Years 89 | Months 4 | Days 7 | If less than one day hr. min.
9. Birthplace: LATVIA (Town, county, and state)
10. Usual Occupation: RETIRED
11. Industry or business

FATHER
12. Name: BIHNAT
13. Birthplace: LATVIA

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace

16 (a) Informant: MRS. MILDRED McCLEARY
(b) Address: 610 WORCESTER RD TOWSON MD
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory: MORELAND MEM. PK
Location: BALTO., MD.
18 (a) Funeral director: WM. J. TICHNER & SONS
(b) Address: BALTIMORE, MD.
19 APR 26 1948 (Date rec'd by Registrar) Herrington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1948, at 7:[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from apr. 1 1948 to apr 23 1948 and that I last saw him alive on apr. 22 1948.

Immediate cause of death	Duration
Carcinoma of stomach	1 year
Due to	
Due to	
Other Conditions arteriosclerotic heart disease (Include pregnancy within 3 months of death)	5 yrs.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible]
Address 4808 Harford Rd. Date signed M/D 4/24/48

VS 150

662607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. 662607

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118 PRESBURY ST.
(c) Hospital or institution: 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 PRESBURY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAUDE E. RUTHERFORD

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife: ALEXANDER M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 19, 1875

8. AGE: Years	Months	Days	If less than one day
72	7	4	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name GEO. VANDIKE
13. Birthplace FRANCE

MOTHER
14. Maiden Name SARAH WOLLETT
15. Birthplace MD

16 (a) Informant MRS. MAUDE E SMALL
(b) Address 3118 PRESBURY ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory LOUDEN PK.
Location BALTO. MD.

18 (a) Funeral director Wm. J. TICHNER & SONS
(b) Address BALTO. MD.

19 APR 26 1948 (b) Huntington Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1948, at 1 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 15 1948 to APR 23 1948 and that I last saw h[illegible] alive on [illegible] 19 48

Immediate cause of death: Metastases arterio-sclerosis — Duration about 6 months
Due to: Carcinoma Uterus — Duration about 3 yrs
Due to:
Other Conditions: Inoperable Carcinoma Uterus — Duration about 2 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Dublin M. D.
Address 2220 Harrison Blvd Date signed Apr 23/48

VS 150

X

G62608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

Registered No. G62608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write t

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4207 Groveland Ave.
(c) Hospital or institution: 28-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Groveland Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Olive Mass Wheat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Edward Wheat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1894

8. AGE: Years	Months	Days	If less than one day
53	4	2	hr. min.

9. Birthplace Baltimore, Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Carlos A. Turtchell
13. Birthplace New York

MOTHER
14. Maiden Name Helen A. Dewey
15. Birthplace New York

16 (a) Informant Mr. Henry Turtchell
(b) Address 4207 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemt.
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pine Aves.

19 (a) APR 26 1948 (Date rec'd by registrar) (b) [illegible] for Williams [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 10-45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1947 to April 23 1948, and that I last saw her alive on April 23 1948

Immediate cause of death	Duration
Uremia, congestive heart failure	5 days
Due to Carcinoma of breast, metastasis to bone, lungs, liver	9 years
Due to	1 year
Other Conditions Mitral Stenosis	38 years

(Include pregnancy within 3 months of death)
Date of operation March May 1938 Apr 1945
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward S. Stafford M. D.
Address 11 E. Chase St. Date signed Apr 24 1948

VS 150

X

G62609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G62609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4027 Fairview Ave.
(c) Hospital or institution: 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4027 FAIRVIEW AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2 (a) FULL NAME Mrs. Helen D. Ogle — Lee Duty

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced (If married, widowed, or divorced, give name of husband or wife): Widow

6 (b) Name of husband or wife: Clinton Ogle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1872

8. AGE: Years 70 | Months 5 | Days 2/19 | If less than one day hr. min.

9. Birthplace FREDERICK Co. MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HARRY OGLE
13. Birthplace FREDERICK Co. MD.

MOTHER
14. Maiden Name SARAH C. WILSON
15. Birthplace FREDERICK Co. MD.

16 (a) Informant MRS. KATHERINE B. BOWER (Daughter)
(b) Address 4027 FAIRVIEW AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location BALTO Co. MD.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address BALTO, MD

1948 APR 26 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1948, at 12:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1946 to Apr. 25 1948, and that I last saw h[illegible] alive on Apr. 24. 1948

Immediate cause of death: Chr. Nephritis. — Duration

Due to

Due to

Other Conditions: Rt. Hemaplegia. Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 820 Medical Arts Bldg Date signed 4/30/48

VS 150

G62610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G62610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-3
(c) Hospital or institution Church Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Windemere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Smith Wade

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: Yes

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: James Edw. Wade
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec. 21, 1902
8. AGE: Years: 45 | Months: 4 | Days: 2 | If less than one day: hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Commercial Artist
11. Industry or business: Francis B. Webb.

FATHER
12. Name: D. Porter Webb
13. Birthplace: Md.

MOTHER
14. Maiden Name: Eliz. Smithimon
15. Birthplace: Md.

16 (a) Informant: Mr. Jos. E. Wade
(b) Address: 1303 Windemere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/48 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Balto Co. Md.

18 (a) Funeral director: Wm. J. Fickus & Sons
(b) Address: Balto. Md.

19 (a) Apr 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 6:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death, in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute Intestinal Obstruction
Abdominal Gas

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 23, 1948 - 6:30 P.M.
(b) Where did injury occur? 1303 Windemere Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home - While at work?
(d) Means of injury Gas burns on gas range

23. Signature: William J. Helfrich M.D. (Medical Examiner)
Date signed April 23, 1948

G62611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Midhurst Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H. Shutt

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: EVELYN MARY SHUTT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1890

8. AGE: Years 57 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Balto MD (Town, county, and state)
10. Usual Occupation PAINT STORE.
11. Industry or business SELF (BALTO, MD)

FATHER
12. Name Wm G HUTT
13. Birthplace BALTO, MD

MOTHER
14. Maiden Name LAURA SHAFFER
15. Birthplace BALTO, MD

16 (a) Informant MRS. EVELYN M. SHUTT (WIFE)
(b) Address 201 MIDHURST RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location BALTO CO. MD

18 (a) Funeral director WM T. ICKES & SON
(b) Address BALTO, MD.

19 (a) APR 26 1948 (b) Huntingtown Williamsport MD

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 9:35 a. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease

Due to

Other Conditions Chronic Myocarditis MEM.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Medical Examiner M.D.
Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1462

Registered No. 662612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4804 Pilgrim Road
(c) Hospital or institution: 27-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4804 Pilgrim Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country –

3 (a) FULL NAME Walter Hartman Creamer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-10-6332

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie Tillman Creamer
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov 14 1885

8. AGE: Years	Months	Days	If less than one day
62	5	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Ink mixer
11. Industry or business –

FATHER
12. Name Samuel Sheppard Creamer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Ellen Pergoy
15. Birthplace Unknown

16 (a) Informant Mrs Gloria Wharton
(b) Address 2309 Arlington Ave Baltimd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27 1948 (month) (day) (year)
(c) Cemetery or crematory Deer Park Cemetery
Location Reisterstown Md

18 (a) Funeral director Wm Berryman & Sons
(b) Address Reisterstown Md

19 (a) APR 26 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24- 1948 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to 4-24- 1948 and that I last saw h[illegible]live on 4-21- 1948

Immediate cause of death: Carcinoma Stomach — Duration 6 Mo

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 3-24-48
Major findings of operation: Inoperable cancer stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 4-25-49

G62613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G62613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4-1
(c) Hospital or institution: University Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 423 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J. Pfeifer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11 1877

8. AGE: Years	Months	Days	If less than one day
70	7	12	hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)
10. Usual Occupation Salesman.
11. Industry or business Retired

FATHER
12. Name John P. Pfeiffer.
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Reich
15. Birthplace Md.

16 (a) Informant Leo A Reich
(b) Address 23 Wade ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27 1948 (month) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville Md

18 (a) Funeral director Evelyn S Mac Nabb
(b) Address Catonsville Md

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Hunter Taylor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1948 at 11 25 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage, spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Medical Examiner M.D.
Date signed

VS 151

G626 Bsl 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 283004 New G62614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Morris Lane (If rural give location) ZONE 22
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bishop Creighton

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-07-6551

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thelma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 5/15/1900

8. AGE: Years: 47 | Months: 11 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Emporia, Va. (Town, county, and state)

10. Usual Occupation: Stevedore

11. Industry or business

FATHER
12. Name: John Creighton
13. Birthplace: Emporia, Va.

MOTHER
14. Maiden Name: Minnie Smith
15. Birthplace: Va

16 (a) Informant
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/26/48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: A.A. County, Md.

18 (a) Funeral director: Charles G. Cooper
(b) Address: 510-12 Carrollton Ave

19 (a) APR 26 1948 (Rec'd Registrar) (b) Huntington Williamson

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-23 1948, at 1.00 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1948 to 4-23 1948 and that I last saw him alive on 4-23 1948.

Immediate cause of death: Pontine Hemorrhage — Duration: 18 hours
Due to: Hypertensive Cardio Vascular
Due to: Disease — 6 years
Other Conditions: None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thomas E. Van Metre J.R. M.D.
Address: Johns Hopkins Hosp. Date signed: 4/23/48 M. D.

X

G62615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G62615

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: 15-2
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd.
(c) Hospital or institution:
Ro Hburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 N. Appleton St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Hetty Goldstone

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife (1891)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 22, 1880

8. AGE: Years	Months	Days	If less than one day
67	1	3	hr. min.

9. Birthplace Phila. Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham Goldstone
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Pauline Graf.
15. Birthplace London, England.

16 (a) Informant Mr. J. Goldstone,
(b) Address 1642 N. Appleton St.

17 (a) Burial (b) Date thereof 4/27/48.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levin Mem Home
(b) Address 1202 Eutaw Place

19 (a) (b) Huntington Williams, M.D.
(Signature and title of registrar) Registrar

APR 26 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1944, to April 25 1948, and that I last saw h alive on April 25 1948

Immediate cause of death Intravalentric Test
Hemorrhage.
Due to Arteriosclerosis
Pulm Embolism
Due to Diabetes Mellitus 3 mos.
Other Conditions Colostomy. 14 yrs
Carcinoma.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury W. E. Reede MD
23. Signature
Address 2314 W. North Ave Date signed 4/26/48 M. D.

VS 150

61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

662616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY Joseph HEFFERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0044

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARY ANNA HEFFERMAN

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 9-9-97

8. AGE: Years 50 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation MACHINIST

11. Industry or business BALTIMORE TRANSIT CO.

FATHER
12. Name Francis Joseph Heffernan
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Harriette Kearney
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary A Heffernan
(b) Address 2015 Homewood Ave

17 (a) Burial (b) Date thereof 4-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or [redacted] St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George R Weber
(b) Address 705 So. Linn st

19 APR 26 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24- 1948, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18- 1948 to 4-24-1948, and that I last saw him alive on 4-24- 1948

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Exact cause not determined	
Due to	
Other Conditions Carcinoma of left lung (Include pregnancy within 3 months of death)	

Date of operation 4-24-48

Major findings of operation: Carcinoma left lung

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Houska
Address 24 Jos Hosp. Date signed 4/27/48

662617

662617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. 662617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 S. Patterson Prk Ave
(c) Hospital or institution: Home 1-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Patterson Prk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Furley

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9366

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Tillie
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Oct 8-1886

8. AGE: Years	Months	Days	If less than one day
61	6	16	hr. min.

9. Birthplace Charleston W. Va. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business Roofers Local No-80

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Tillie Furley
(b) Address 612 S. Patterson Prk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (month) (day) (year)
(c) Cemetery St. Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 (a) APR 26 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1948, at 2 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1948, to April 24 1948, and that I last saw h[illegible] alive on April 24 1948

Immediate cause of death	Duration
Myocardial Insufficiency	1 day
Due to Chronic Myocarditis	Hyps.
Due to Arteriosclerosis	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Zapetnich M. D.
Address 802 Eastern Ave Date signed 4-24-48

VS 2

F62618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. F62618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2617 Robb St
(c) Hospital or institution: 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Robb St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Heineman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Chas Heineman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21 186[illegible]

8. AGE: Years 83 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Andrew Hollstein
13. Birthplace Germany

MOTHER
14. Maiden Name Rosenkranz
15. Birthplace Germany

16 (a) Informant Mrs. J. McAuliffe
(b) Address 2617 Robb St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27th (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location City

18 (a) Funeral director Wilmot Funeral Home
(b) Address 208 S Arlington Ave

19 APR 26 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1948, at 3 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1947 to Apr. 24, 1948. and that I last saw her alive on 19

Immediate cause of death	Duration
Hypostatic Pneumonia	8 days
Due to Fractured Hip	5 mos. 24 days
Due to -----	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/7
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct. 26th. 1947 at 2 A. M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury slipped on floor

Signature James Montgomery M.D.
Address 401 E. 25th. St. Date signed 4/26/48

V3 153

Homer J. Wilmot, M.D.

662619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. 662619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N Kenwood Ave
(c) Hospital or institution: 6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Markwitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Jos Markwitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	9	2		

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name William Radke
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Carl Oscar Markwitz
(b) Address 930 S. Collington Ave

17 (a) Burial (b) Date thereof April 26.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon Cemetery
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) APR 26 1948 (b)
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1948, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1948, to Apr 23 1948; and that I last saw h[illegible] alive on Apr 23 1948.

Immediate cause of death	Duration
Acute Coronary Occlusion	3 days.
Due to Myocardial Infarction	1 yr.
Due to Cardio-Renal Failure	
Due to Arter. Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L H Meyer Dr
1511 E. 33rd St
Date signed 4/23/48.
M. D.

VS 150

X

G62620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G62620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 26-9
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Benefit St #24 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Shank

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Violet Shank
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 19, 1885
8. AGE: Years 62 | Months 6 | Days 3 | If less than one day hr. min.
9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business —

FATHER
12. Name Henry Shank
13. Birthplace Ireland

MOTHER
14. Maiden Name Amanda Piety
15. Birthplace York, Penna.

16 (a) Informant Violet Shank
(b) Address 3709 Benefit St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Edmondson Ave. & Bentalou St.

18 (a) Funeral director Randall & Siegel
(b) Address 312 S. Highland Ave

19 APR 26 1948 (Date rec'd by registrar) Courtesy for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1948 at 6^00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1948, to April 22, 1948 and that I last saw him alive on April 22, 1948.

Immediate cause of death: Respiratory Failure — Duration: 10 min.
Due to: Uremia — 10 days ?
Due to: Renal Failure, Hydronephrosis — ?
Adenocarcinoma - Papillary Carcinoma of Bladder
Other Conditions: Hypertension, CVR Disease
(Include pregnancy within 3 months of death)
Date of operation: Cystoscopy - 4-17-48
Major findings of operation: Papillary Carcinoma of bladder.
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph Li Puma M. D.
Address Mercy Hosp. Date signed 4-22-48

VR 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. 62621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Roland Ave.
(c) Hospital or institution: 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garland S. Wilt.

3 (b) If veteran, name war –

3 (c) Social Security Account No. 216-09-0535

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Bertie Wilt.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1887

8. AGE: Years	Months	Days	If less than one day
60	11	15	hr. min.

9. Birthplace W. Va
(Town, county, and state)

10. Usual Occupation Carpenter.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Garland R. Wilt.
(b) Address 663 Portland St.

17 (a) Burial (b) Date thereof Apr. 26 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland, Md.

18 (a) Funeral director Paul C. Ebenroth, Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) (b)
(Date received by Registrar) (Registrar)
APR 26 1948

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22- 1948, to 19, and that I last saw h alive on 4-22 1948.

Immediate cause of death	Duration
(a) Cerebral Hemorrhage	
Due to (b) Hypertension	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury JOHN J. MORRISSEY

23. Signature [illegible] M. D.
Address 3652 Roland Ave. Date signed 4/24/48
3652 ROLAND AVE.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G62622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 N. Gay Street
(c) Hospital or institution: 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 N. Gay Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGDALENE FINDEISEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Carl F. Findeisen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1854

8. AGE: Years	Months	Days	If less than one day
93	5	25	hr. min.

9. Birthplace Denmark
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gohan Pruess
13. Birthplace Denmark

MOTHER
14. Maiden Name Anna Carsten
15. Birthplace Denmark

16 (a) Informant Mr. Michael P. Schwensen
(b) Address 1038 N. Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS,
(b) Address NORTH AVE & BROADWAY

19 (a) APR 26 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 190

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 21 1948, at 12.20M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to April 21 1948 and that I last saw her alive on April 20 1948

Immediate cause of death: Chronic myocarditis and myocardial degeneration — Duration: 6 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
NC
(e) Means of injury
23. Signature [illegible] M. D.
Address 1250 E North Ave Date signed April 22 1948

X.

The G62623

BALTIMORE CITY HEALTH DEPARTMENT ✓ G62623

CERTIFICATE OF DEATH 47

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Fait Avenue
(c) Hospital or institution: 26-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6304 Fait Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a). FULL NAME JULIA CATHARINE MILLER

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-8782

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles W. Miller

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1898

8. AGE: Years	Months	Days	If less than one day
49	4	11	hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Operator

11. Industry or business: Sewing Machine Co.

FATHER
12. Name: Phillip C. Rink
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Charles W. Miller - husband
(b) Address: 6804 Fait Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 27/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY -

19 (a) APR 26 1948 (Date rec'd by registrar) (b) Huntington Hilliard, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 19 48 at 4.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/ 19 48 to 4/24 19 48, and that I last saw h er alive on 4/23 19 48

Immediate cause of death: Cardiac failure — Duration

Due to:

Due to:

Other Conditions: Cancer of lungs
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harry Brobert M. D.
Address 6006 Eastern av Date signed 4/24/48

VS 190

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186B

✓ G62624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 207 W. 24th Street and 2505 N. Howard Street (If institution, give former residence)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David COLEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1904

8. AGE: Years	Months	Days	If less than one day
46	2	14	hr. min.

9. Birthplace St. Louis, Missouri (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Coleman
13. Birthplace St. Louis, Mo.

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lillian Coleman
(b) Address 207 W 24th Street

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 27 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (a) APR 26 1948 (b) Huntington Williams, Undertaker

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948 at 5:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushed chest.
Rupture of heart.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-23-48 at 5:00 9/2 P.M.
(b) Where did injury occur? Round Hill & Hollen Road
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Caught between moving cars

23. Signature Edgar S. Merrill M.D.
Medical Examiner
Date signed 4/24/48

X

Dr. Janny
G62625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G62625 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2820 Alvarado Square
(c) Hospital or institution: 27-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Alvarado Square
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J. Nieberlein

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1916

8. AGE: Years	Months	Days	If less than one day
31	9	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation salesman
11. Industry or business

FATHER
12. Name Henry F. C. Nieberlein
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa A. Popp
15. Birthplace Maryland

16 (a) Informant Mrs. Louisa A. Nieberlein
(b) Address 2820 Alvarado Square

17 (a) Burial (b) Date thereof 4-27-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) APR 26 1948 (Date rec'd by registrar) (Huntington Williams) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1948 at 8.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. x 1948 to Apr-23, 1948, and that I last saw h alive on Apr. 23, 1948

Immediate cause of death Pulmonary Embolism — Duration

Due to Bronchopneumonia

Due to Bronchiectasis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney M.D.
Address 7101 Harford Rd Date signed 4/24/48

X

G62626 ✓ X G62626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W Fayette St
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) N.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Arm Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edward E. Schroen Sr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-09-4345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mr. Bernie Schroen
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) January 17-1903

8. AGE: Years	Months	Days	If less than one day
45	3	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business Religious Institution

FATHER
12. Name Charles E. Schroen
13. Birthplace Md

MOTHER
14. Maiden Name Daisy Zimmerman
15 Birthplace Balto Md

16 (a) Informant Bessie I. Schroen
(b) Address Glen Arm Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem Balto Md
Location
18 (a) Funeral director Pratt & B. M. Walter
(b) Address Pratt & Stricker Sts
19 (a) Date received by registrar Apr 26 1948 (b) Registrar Williams, M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/1948 to 4/24 1948, and that I last saw h alive on 4/24 1948.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Coronary Arteriosclerosis — Unk.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Frederick L. Stichel M.D.
Address Bon Secours Hosp. Date signed 4/27/48

STICHEL

G62627

HL 117901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G62627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-21Days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Steen or Mary Steen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Daniel Steen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20-1879

8. AGE: Years	Months	Days	If less than one day
69	-	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-28-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore - Md.

18 (a) Funeral director Holland Funeral Home
(b) Address 1631 Edmondson Hill Ave

19 (a) 1948 (Date rec'd by registrar) (b)

APR 26

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 2-A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1948, to April 25 1948, and that I last saw her alive on April 25 1948.

Immediate cause of death Bronchopneumonia — Duration
Antecedent cause Arteriosclerotic Cardio-vascular disease
Due to Carcinoma of cervix with extension into uterus
Antecedent cause Arterial nephrosclerosis
Other Conditions Cystitis

(Include pregnancy within 3 months of death)
Date of operation 3/19/48
Major findings of operation: Ca of cervix
of autopsy: an abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Lawton M.D.
Address Baltimore City Hosp Date signed 4/25/48

VS 150

G62628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

G62628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20-2
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Penrose Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Clark

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife William F. Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/6/84

8. AGE: Years	Months	Days	If less than one day
63	8	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph W. Montley
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Martha V. Rushback
15. Birthplace Baltimore Md.

16 (a) Informant Mrs William F. Clark
(b) Address 2210 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location 3801 Frederick Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 29 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 11:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 4/24 1948 and that I last saw her alive on 4/24 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Congestive Heart Failure	
Due to Rheumatic Cardio-Vascular Disease	
Other Conditions Congestive Hepatitis	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent L. Fitzpatrick M. D.
Address St Joseph's Hosp Date signed 4/27/48

X

C62629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

C62629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 W. Ostend (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida M. Della

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George W. Della

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1865

8. AGE: Years 82 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

MOTHER / FATHER
12. Name Edwin G Hill
13. Birthplace Md
14. Maiden Name Lydia Higdon
15. Birthplace Md

16 (a) Informant George W. Della Son
(b) Address 120 W. Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location U. A. C.
18 (a) Funeral director C. Howard Evans
(b) Address 1400 Eutaw St

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948 at 3:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to April 25 1948 and that I last saw her alive on Apr. 25 1948

Immediate cause of death	Duration
Cerebral Thrombosis	5 days
Due to Cerebral arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Fallon, M.D.
Address South Balto Gen Hosp Date signed 4-25-48

VS 150

G62630 ✓ G62630

HL 118982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH. 13

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Regester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde Cox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1893

8. AGE: Years	Months	Days	If less than one day
55	2	4	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name J. Lacy Cox "D"
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Price "D"
15. Birthplace Maryland

16. (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1948 (month) (day) (year)
(c) Cemetery or crematory Upper Dunkerry
Location Joppa, Md.

18 (a) Funeral director C. Ellis Clark
(b) Address Easton, Md.

19 (a) Apr 26 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 5-15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1948, to April 26 1948, and that I last saw h. im alive on April 26 1948.

Immediate cause of death	Duration
Bilat. far advanced Pulmonary Tbc	10 ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Morrison M. D.
Address Baltimore City Hospitals Date signed 4/27/48

G62631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G62631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1-5
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 S. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Zelkoski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stanley

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 2, 1907

8. AGE: Years 40 Months 10 Days 7 If less than one day hr. 23 min.

9. Birthplace Baltimore Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Kamenski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Czosnowski
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Dudrow & Sons
(b) Address 1808 Eastern Avenue

19 (a) [illegible] (b) [illegible]

APR 26 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 ; and that I last saw her alive on 4/25 1948

Immediate cause of death Embolism to aorta — Duration

Due to Auricular fibrillation

Due to Rheumatic heart disease with m.s. & m.i.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 24, 1948
Major findings of operation: Saddle embolus of aorta
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Victor A. McKusick M. D.
Address Johns Hopkins Hosp Date signed 4/25/48

662632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

662632
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28/2 E Monument St.
(c) Hospital or institution: 7-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28/2 E Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Bridget Somerday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed.

6 (b) Name of husband or wife William Somerday

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1861

8. AGE: Years	Months	Days	If less than one day
86	3	29	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Joyce
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Craven
15. Birthplace Ireland

16 (a) Informant Mrs. F. J. Voeth
(b) Address 2612 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd.

18 (a) Funeral director J. J. Foley Sons
(b) Address 1218 Light St.

19 (a) APR 26 1948 (b) Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1948, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1948, to Apr. 24 1948, and that I last saw h[er] alive on Apr. 24 1948.

Immediate cause of death	Duration
Cerebral arteriosclerosis,	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm D Johnst M.D.
Address 701 N. Howard St. Date signed 4/24/48

VS 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 662633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Syracuse (If outside city or town limits, write RURAL and give town)
(d) Street No. Army Air Base (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlene Louise Oliver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-30-41

8. AGE: Years 6 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace New York (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Charles Oliver
13. Birthplace New York

MOTHER — 14. Maiden Name Lillian Breese
15. Birthplace New York

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)

(c) Cemetery or crematory
Location Syracuse N. Y.

18 (a) Funeral director Lloyd Fishmeyer Home
(b) Address 2008 Eastern Ave.

19 (a) APR 29 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 190 To be approved by Medical Ex.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948 to 4/26 1948 and that I last saw her alive on 4/26 1948.

	Duration
Immediate cause of death: Cardiac Anoxia	1 hr
Due to: Pulmonic Atresia	6 yrs
Due to: Congenital Heart Disease	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 25-April 48 Pulmonic Atresia

Major findings of operation:

of autopsy: Confirmed operative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Cantrell, Jr.
Address Johns Hopkins Hosp. Date signed 28th April 48

G62634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G62634

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Eastern Ave
(c) Hospital or institution: 3-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Poggoli or Poggi

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31 1869

8. AGE: Years	Months	Days	If less than one day
78	7	24	hr. min.

9. Birthplace Villa Vedicoto Piacenza Italy
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Pietro Poggi
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine ?
15 Birthplace

16 (a) Informant Emma Poggi (Wife)
(b) Address 815 Eatern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore MD

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 APR 26 1948 (Date rec'd by registrar) (b) Registrar

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 4 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1948 to 4/15 1948 and that I last saw h— alive on 4/—-48 1948

Immediate cause of death	Duration one hour
Coronary Thrombosis	
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H J. Smith M. D.
Address 100 N melton Date signed 4/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

G62635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G62635

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Nutterford (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Southern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Clifford Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9 1904

8. AGE: Years	Months	Days	If less than one day
43	5	13	hr. min.

9. Birthplace Wallace W Va. (Town, county, and state)

10. Usual Occupation Merchant Seaman

11. Industry or business

FATHER 12. Name William H Wilson

13. Birthplace Ohio

MOTHER 14. Maiden Name Armenia McIntyre

15. Birthplace W Va.

16 (a) Informant David F Howe.

(b) Address Clarksburg W Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 28/48 (month) (day) (year)

(c) Cemetery or crematory Clarksburg W Va

Location Clarksburg W Va

18 (a) Funeral director Wm J Fehnel & Son

(b) Address North & Clay Streets, Clarksburg W Va

19 (a) (Date rec'd by registrar) (b) Registrar

APR 26 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1948, at 8:55 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/23/48 at Home 7:25 A. M.
(b) Where did injury occur? Fleet-Pratt Co. Wharf
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work?
(d) Means of injury Found Drowned

23. Signature Earl K Boyer M.D.
Medical Examiner.

Date signed

G62636

JL - 119133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ G62636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Unatta Ave. 29 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Bernard Myers "Bernard Jasper Myers"

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-01-8974

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie - Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1892

8. AGE: Years 55 | Months 10 | Days 28. | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation P.R.R. Section Foreman

11. Industry or business P.R.R.

FATHER 12. Name Charles Myers
13. Birthplace Maryland

MOTHER 14. Maiden Name Bettie A. Ward
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (month) (day) (year)
(c) Cemetery or crematory Green Hill Cemetery
Location Westminster Pike - Md.

18 (a) Funeral director P. B. Wippert & Son
(b) Address 1700 Eutaw Place

19 (a) Date rec'd by Local Reg. 1948 (b) Arlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 10.28 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 19 48 to April 24 19 48 and that I last saw her alive on April 24 19 48

Immediate cause of death: Acute Dilat. Myocardial Infarction — Duration 6da

Due to Arteriosclerotic cardiovascular disease — Duration 3

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: The above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William M. Straight M.D.

Address Balto. City Hosp. Date signed 4/28/48

VS 150

G62637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G62637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3431 Parklawn Ave
(c) Hospital or institution: 8-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3431 Parklawn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maud Ireae Stiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband William H. Stiner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25th 1872

8. AGE: Years 76 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace Tingley Ironshire, Iowa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wm W. P. Stewart
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Cordelia Morey
15. Birthplace Indiana

16 (a) Informant Grant U. Stiner
(b) Address 3630 Rexmere Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

APR 27 1948 (Date rec'd by registrar)

(b) Funeral director for Williams Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1948, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1948 to Apr. 25 1948, and that I last saw her alive on Apr. 25 1948.

Immediate cause of death	Duration
Gangrene of feet	2 wks
Due to Diabetis Mellitus	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer L. Todd

Address 2108 St Paul St Date signed 4/26/48

X

G62638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G62638

GM. 118884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 ~~Lord~~ ST.
(If rural give location)
(e) Citizen of foreign country? LOYD (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Rinaman or Helen Rineman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1868

8. AGE: Years	Months	Days	If less than one day
79	7	9	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Wolf
13. Birthplace MD.

MOTHER
14. Maiden Name Merle Bar
15. Birthplace Germany

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 4/28/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 E. Pratt St.

19 APR 27 1948 (Signature) for Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 24 - 1948, at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 12 1948 to 4 - 24 1948, and that I last saw her alive on 4 - 24 - 1948.

Immediate cause of death	Duration
Central Nervous System Syphilis	Years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not permitted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William M. Straight M. D.
Address Balto City Hosp. Date signed 4/25/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G62639

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.O.A
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson Keith Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Elizabeth Keith
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 22nd 1881

8. AGE: Years	Months	Days	If less than one day
66.	10	3	____ hr. ____ min.

9. Birthplace Lanphanan Scotland
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Self

FATHER
12. Name Angus Keith
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Jane Lumsden
15. Birthplace Scotland

16 (a) Informant Frank Keith
(b) Address 1914 Hanover st Reese Trailer Camp

17 (a) Removal (b) Date thereof 4/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Spring Grove
Location Cincinnatti Ohio

18 (a) Funeral director William Cook Inc.
(b) Address 1647 St. Paul St.

19 (a) APR 27 1948 (Date rec'd by registrar) (b) ~~Registrar~~ Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1948, at 9:00 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature P. H. Lubenski M.D.
Medical Examiner.
Date signed 4/25/48

VS 191

X

G62640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G62640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 E. Preston St
(c) Hospital or institution: 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary H. Donnett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband or wife Wm T. Donnett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2nd 1884

8. AGE: Years	Months	Days	If less than one day
63	4	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank D. Rogers
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Anka Williams
15. Birthplace Balto. Md.

16 (a) Informant Wm F. Thompson
(b) Address 3220 Tunstead Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Ogle Inc.
(b) Address 1217 E. Pratt St.

19 APR 27 1948 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1948 to 4/26 1948, and that I last saw h e v alive on 4/25 1948

Immediate cause of death: Cerebral hemorrhage. — Duration: 3 day
Due to: Hypertension. — 7
Due to: — ?
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eugene L. Blum M.D.
Address 1175 N. Calvert St Date signed 4/26/48

662641 E 119109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 662641

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Houser St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lula Alston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1932

8. AGE: Years	Months	Days	If less than one day
15	7	27	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hiram Alston
13. Birthplace N.C.

MOTHER
14. Maiden Name Elizabeth ?
15 Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 29 48 (month) (day) (year)
(c) Cemetery or crematory Mt Calay cemty
Location Balto
18 (a) Funeral director Walter P. Sapp
(b) Address 139 W. Hamburg St. Baltimore, Md.
19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1948 to April 25 1948, and that I last saw her alive on April 25 1948.

Immediate cause of death	Duration
Miliary Tuberculosis	
Due to	
Due to	
Other conditions Tuberculous Peritonitis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Scarborough M.D. M. D.
Address Balto City Hosp Date signed 4-26-48

VS 750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62642 ✓ G62642 Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 S Fremont Ave
(c) Hospital or institution: 18-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Benesunas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widowed

6 (b) Name of husband or wife Stanley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
79				

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace Lith

16 (a) Informant Mrs Agatha Adams
(b) Address 509 Washington Rd

17 (a) Burial (Burial, Cremation, or removal) (b) Date thereof April 27-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Rosenakes
(b) Address 602 W Lafayette Blvd

19 (a) (Signature of registrar) (b) Transferred from Washington, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1944 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1944 to April 24 1944 and that I last saw h[illegible] alive on April 23 1944.

Immediate cause of death	Duration
Chronic myocarditis	3 mos.
Interstitial degeneration	15 yrs.
Due to Arteriosclerosis	
Due to	
Other Conditions Nephritis and prolapse of uterus (Include pregnancy within 3 months of death)	5 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John P. Ulock, Jr. M.D.
Address 1227 Wash Blvd Date signed 4/26/44

VS 150

931

G62643 ✓ G62643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Balto. Gen'l. 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Fort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Walters

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-6477

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emmie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name W. Walters
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informan: Emma Walters
(b) Address 713 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-48

(c) Cemetery or crematory Mt. Olivet Cem. Location Frederick Rd

18 (a) Funeral director Joseph Kasimakas
(b) Address 602 Wash. Blvd

19 (a) (Date received by registrar) (b) Huntington Wilkerson, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 1:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary artery disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D. Medical Examiner.
Date signed 4-24-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62644

BALTIMORE CITY HEALTH DEPARTMENT ✓ G62644

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Westwood Ave.
(c) Hospital or institution: 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Westwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE CAMPHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1878

8. AGE: Years 70 | Months 3 | Days 15/16 | If less than one day hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Campher
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hall
15. Birthplace Md.

16 (a) Informant M'm Blanch Mingo
(b) Address 1623 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 23, 1948 at 2:10 M

21. I certify that death occurred on the date above stated: that I attended deceased from 3-17-48 to 4-23-48 and that I last saw him alive on 4-23-48

Immediate cause of death

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm C Hood MD

Address 1627 W Mt Royal Ave Date signed 4/24/48

X

G62645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G62645
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 ASHBURTON ST.
(c) Hospital or institution: 15-6
DOAR ADDRESS
(d) Length of stay in ~~hospital~~ or inst. (yrs., mos., or days) 27 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 27 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 ASHBURTON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN I. CAMMARATA.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife VINA CAMMARATA.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 27, 1879

8. AGE: Years	Months	Days	If less than one day
68	11	27	hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation TAILOR (RETIRED)
11. Industry or business

FATHER
12. Name JOSEPH CAMMARATA
13. Birthplace ITALY

MOTHER
14. Maiden Name NATALE - INSERRA
15. Birthplace ITALY

16 (a) Informant MISS AURORA CAMMARATA
(b) Address 1817 ASHBURTON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTIMORE, MD.

18 (a) Funeral director WM. J. TOKUES & SONS
(b) Address BALTO., MD.

19 (a) APR 27 1948 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1948, at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1948, to April 24 1948 and that I last saw him alive on April 24 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions Cerebral Hemorrhage	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Sargnetti M. D.
Address 1729 W. Lombard St Date signed 4/26/48

VS 150

X

G62646 ✓ G62646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 E North Ave
(c) Hospital or institution: 12-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 YRS.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HANNAH B. KING ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 18, 1872

8. AGE: Years 75 | Months 10 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace BALTO. MD.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wm H. KING
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ADELINE E. STEVENS
15. Birthplace KENT CO. MD.

16 (a) Informant MISS FANNY KING
(b) Address 412 E. NORTH AVE

17 (a) BURIAL (b) Date thereof 4/27/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ GREENMOUNT
Location BALTO. MD

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) APR 27 1948 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1948, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1948, to Apr 25 1948 and that I last saw h[er] alive on Apr 24 1948

Immediate cause of death Pronchopneumonia — Duration 1 day

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — — at M
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fanny Fisher M.D.

Address 1100 E. North Ave Date signed 4/26/48

X

G62647 G62647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 KINGSWAY ROAD
(c) Hospital or institution: 27-9

(d) Length of stay in ABOVE ADDRESS (yrs., mos., or days) 7 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County [redacted]
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 KINGSWAY ROAD
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE MYRTLE RITTERBUSCH.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-5628

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED.

6 (b) Name of husband ~~or wife~~: GEO. W. RITTERBUSCH
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) SEPT 10, 1905

8. AGE: Years 42 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace WASHINGTON, D.C.
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name CHARLES KYLE.
13. Birthplace WASH. D.C.

MOTHER
14. Maiden Name SADIE PENTZ
15. Birthplace BALTIMORE, MD.

16 (a) Informant GEO. W. RITTERBUSCH
(b) Address 1507 KINGSWAY RD.

17 (a) BURIAL (b) Date thereof 4/29/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ BALTO CEM
Location BALTO. MD

18 (a) Funeral director WM. T. TICHNER & SONS
(b) Address [illegible]

19 (a) APR 29 1948 (b) [illegible]
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 26, 1948, at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 21 1947 to APRIL 26 1948 and that I last saw HER alive on APRIL 23, 1948

Immediate cause of death: PULMONARY EMBOLISM — Duration: —

Due to PELVIC PHLEBITIS — Duration: 8 WKS.

Due to CARCINOMA OF UTERUS — Duration: 2 Y/R.T.

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation OCT 13, 1947

Major findings of operation: CA. OF UTERUS

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gotthelf Karlgren M. D.
Address 4230 HOCH RAVEN BLVD Date signed 4-26-48

VS 150

G62648 ✓ G62648

G62648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N.Castle St.
(c) Hospital or institution: 7-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N.Castle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J.Lindeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1873

8. AGE: Years	Months	Days	If less than one day
75	0	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name not known
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Ewalt
15. Birthplace Ireland

16 (a) Informant Clara Lindeman
(b) Address 1011 N.Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 Broadway

19 (a) APR 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3, 1948 to 4-23- 1948. and that I last saw her alive on 4-22- 1948.

Immediate cause of death	Duration
Cardiac Decompensation	7 days
Due to Mitral stenosis & Aortic regurgitation	2 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elmer L. Lindeman M. D.
Address 1613 E.North Ave. Date signed 4-26-

G62649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62649 Registered No. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 S. Bouldin St
(c) Hospital or institution: 4-6-11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 S. Bouldin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Waters

3 (b) If veteran, name war	3 (c) Social Security Account No. 212-05-8434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Alvina K. Nemec
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 5, 1902

8. AGE: Years	Months	Days	If less than one day
45	10	19	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name Stephen Waters
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary E. Toosby
15. Birthplace Baltimore

16 (a) Informant Alvina K. Waters
(b) Address 905 S. Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway

19 (a) APR 27 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1948, at 2 40 P M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Fabrides M.D.
Medical Examiner.
Date signed 4/24/48

VS 151

G62650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62650 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use a physician to write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 E Lanvale St
(c) Hospital or institution: 8 D.C.

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Denk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1884

8. AGE: Years	Months	Days	If less than one day
63	6	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Railroad Worker

11. Industry or business Penna R.R.

FATHER
12. Name Joseph Denk
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Spitzenberger
15. Birthplace Germany

16 (a) Informant Mrs Catherine Sands
(b) Address 6710 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway. Baltimore, Md.

19 (a) APR (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1948, at 3:35 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry. by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive C.V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] Medical Examiner. M.D.
Date signed 4/24/48

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G62651

BALTIMORE CITY HEALTH DEPARTMENT

G62651 Registered No.

CERTIFICATE OF DEATH 46 H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Gen Hos
(c) Hospital or institution: 25

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Locust St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa ~~Stayer~~ Stayer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Charwoman
11. Industry or business Standard Oil Bldg.

FATHER
12. Name Steven Stayer
13. Birthplace Austria

MOTHER
14. Maiden Name —
15. Birthplace Austria

16 (a) Informant Helen Saroka
(b) Address 3605 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. Co.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) APR 27 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1948 to Apr. 25 1948, and that I last saw h[illegible] alive on Apr. 25 1948

Immediate cause of death	Duration
(a) Embolism	3 mos.
Due to (b) Retroperitoneal sarcoma	6 mos.
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy Retroperitoneal sarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glenn O. Summerlin
Address 1213 Light St. Date signed 4/28/48 M.D.

VS 150

G62652 BALTIMORE CITY HEALTH DEPARTMENT G62652 Registered No.

CERTIFICATE OF DEATH 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In Ambulance on route
(c) Hospital or institution: to South Balto Gen. Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 S. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Antoinette Przygrzeleski (Phillips)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9-1901

8. AGE: Years	Months	Days	If less than one day
47	-	15	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Pawlak
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Michael Phillips
(b) Address 727 S. Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Balto. City

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

19 (a) APR 27 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 April 1948 at 10.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 24 April 1948 to 24 April 1948 and that I last saw her alive on 24 April 1948.

Immediate cause of death	Duration
Acute pulmonary edema	1 hr.
Due to Cardiac failure	
Due to Coronary thrombosis	
Hypertensive C-V disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph Drozd M. D.
Address 2601 Elston Ave Date signed 4/26/48

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X

G62653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G62653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 21-1
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Briscoe St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick W. Ernest

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-3049

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife MARY A. ERNEST
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 6-12-1873

8. AGE: Years 74 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Ernest
13. Birthplace GERMANY

MOTHER 14. Maiden Name Louise Fahlen
15. Birthplace Germany

16 (a) Informant MARY A. ERNEST wife
(b) Address 1017 Briscoe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director F. B. Wisbert & Sons
(b) Address 1300 Eutaw Place

19 (a) APR 27 1948 (Date rec'd by registrar) (b) Huntington for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1948, at 2:49 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?
(d) Means of injury

23. Signature G. L. Fabricius M.D. (Medical Examiner)
Date signed 4/25/48

VS 191

G2654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62654 Registered No. 1242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hospital 26-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 E Baltimore St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorsey Winchester

3 (b) If veteran, name war

3 (c) Social Security Account No. 21-209-6123

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1901

8. AGE: Years	Months	Days	If less than one day
46	6	19	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Tin Worker

11. Industry or business

FATHER
12. Name Charles C. Winchester
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Fannie Hoffman
15. Birthplace Carroll Co Md

16 (a) Informant Mrs William George
(b) Address 3207 E Baltimore St

17 (a) Burial (b) Date thereof April 28 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director John A Mosan
(b) Address 3000 E Baltimore St

19 (a) APR 27 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948 at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1948 to April 24 1948 and that I last saw him alive on April 24 1948

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Bronchopneumonia	
Due to	
Other Conditions Both cirrhosis of liver	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. James Hunt M.D.
Address Md Gen Hosp Date signed 4-27-48

VS 1/50

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G6265 5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 737

G62655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 5-1
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Nolan Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara (Clessie) Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace N-C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Whitfield
13. Birthplace N.C.

MOTHER
14. Maiden Name Mareenia Hayward
15. Birthplace N.C

16 (a) Informant Richard Whitfield
(b) Address 1309 G St. N.W. Wash, D.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County, Md.

18 (a) Funeral director Joseph B. Lock, Jr.
(b) Address 1304 N. Central Ave

19 (a) APR 27 1948 (Date rec'd by registrar) Countersigned for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 4:57 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema
Anemia
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl Rogers M.D. Medical Examiner.
Date signed 4-26-48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62656 Registered No.

BC- 48-01266 107

1. PLACE OF DEATH: SUNLEA Court
(a) Baltimore City, Maryland
(b) Street address 3411 Sunlea Crt
(c) Hospital or institution: — 25-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3rd

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Sunlea Crt (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Steral Melvin Mauck

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race Wh
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-19-48
8. AGE: Years 0 Months 3 Days 8 If less than one day hr. min.
9. Birthplace 1719 Chenell Crt Balto (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Roy Mauck
13. Birthplace Lyndon Ky

MOTHER 14. Maiden Name Vicky Berger
15. Birthplace Pennsylvania

16 (a) Informant Grandmother Mrs. Berger
(b) Address 3411 Sunlea

17 (a) Burial, cremation, or removal (b) Date thereof 4 26 48 (month) (day) (year)
(c) Cemetery or crematory Lind
Location Middle Bury Rd

18 (a) Funeral director Chas. A. Wagner Inc
(b) Address 403 E. 25th St

19 (a) 4-26-48 (Date rec'd by reg.) (b) Huntington Ave Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1948, at 335 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to 4-26 1948, and that I last saw h— alive on 4-26 1948.

Immediate cause of death Bronchopneumonia — Duration 2 Days
Due to "Pertussis"
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature H. E. Sommer M. D.
Address 1045 Dolphin Date signed 4-26-48

VS 8

3-2657 ✓ X G62657

E.M.-118334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Essex, Md.
(c) City or town Baltimore Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Savannah Ave. Zone 21
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Luebben

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1883

8. AGE: Years	Months	Days	If less than one day
64	10	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation CARTENTER
11. Industry or business AMER. SMELTING.

FATHER
12. Name Charles Luebben
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Boetjen
15 Birthplace Germany

16 (a) Informant B.C.H.Recaords
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.

18 (a) Funeral director John G. Connelly
(b) Address 416 Eastern Ave. Inc.

19 (a) APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1948, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1948 to 4-25 1948 and that I last saw him alive on 4-25 1948.

Immediate cause of death Bronchopneumonia — Duration 1da

Due to

Due to

Other Conditions ASCVD

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William M. Stenglet M.D.
Address Balt. City Hosp. Date signed 4/25/48

107

VS 150

G62658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62658 Registered No. 52a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Balto. Md

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: md (b) County: Balto.
(c) City or town: Glen Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 310 Harding Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Adams, Samuel (Samuel Howard Adams)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Cumbie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 29-1875

8. AGE: 72 Years | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Joseph Adams
13. Birthplace: Pa

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Howard Adams
(b) Address: 310 Harding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 28-48 (month) (day) (year)
(c) Cemetery or crematory: Ebenezer
Location: Chase, Md.

18 (a) Funeral director: Jos. B. Connelly
(b) Address: 4 Eastern Ave. Balto.

19 (a) APR 27 (Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION:

20. DATE OF DEATH: 4-25 1948, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1948 to 4-25 1948, and that I last saw h[illegible] alive on 4-25 1948.

Immediate cause of death: Pulmonary edema — Duration: 4 hrs

Due to: Metastatic hypernephroma (to brain) — Duration: 4 yr (about)

Due to: with hemorrhage into metastasis (Primary

Other Conditions: tumor removed in Jan 47)
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Warren D. Dare

Address: Sinai Hospital Date signed: 4-26-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62659 ✓ X G62659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town ~~Balto~~ ARBUTUS
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Hillside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Tearney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex X. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Joseph

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1901

8. AGE: Years 47 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Eli Sheppard.
13. Birthplace MD.

MOTHER
14. Maiden Name Anna Rankey.
15. Birthplace MD

16 (a) Informant Mr Joseph F. Tearney
(b) Address Hurlbard.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 27 1948 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE

18 (a) Funeral director Henry H Weyler
(b) Address 4701 Edmondson Ave

19 (a) APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1948 at 9 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1948 to 4/23 1948 and that I last saw her alive on 4/23 1948

Immediate cause of death Cerebral embolism — Duration

Due to Auricular fibrillation

Due to Hypothyroidism.

Other Conditions Mitral Stenosis.

(Include pregnancy within 3 months of death)

Date of operation 4/21/48

Major findings of operation: Tachycardia - Thrombi.

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph A Wells M. D.
Address St Agnes Hosp Date signed 4/23/48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662660

BALTIMORE CITY HEALTH DEPARTMENT ✓ 662665

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Madison Ave.
(c) Hospital or institution: 141
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celestia Bass.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Herbert Bass

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1891

8. AGE: Years: 56 | Months: 8 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Nashville, N.C. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Jonah Arrington
13. Birthplace: Nashville, N.C.

MOTHER
14. Maiden Name: Mary Whiting
15. Birthplace: Nashville N.C.

16 (a) Informant: Kathleen Gleissner
(b) Address: 631 Sanford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 27 1944 (month) (day) (year)
(c) Cemetery or crematory: Arlington Memorial
Location

18 (a) Funeral director: Mrs Tate R. Williams
(b) Address: 322 N. Linwood St

19 (a) ADD [illegible] (Sign here when acting as registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/44 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 19 44 to April 23 19 44
and that I last saw h[illegible] alive on 4/23 19 44

Immediate cause of death: Carcinoma of Colon — Duration: 8 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Burning

23. Signature [illegible] M. D.
Address [illegible] Date signed 4/25/44

VS 150

G62661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G62661 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 W. 38th St.
(c) Hospital or institution: 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 W. 38th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick A. May

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-4313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose E. May
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1872

8. AGE: Years	Months	Days	If less than one day
76	2	3	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Warper
11. Industry or business Cotton mill.

FATHER
12. Name Wm R. May
13. Birthplace ?

MOTHER
14. Maiden Name Margaret C Marshall
15. Birthplace ?

16 (a) Informant Evelyn R. Dalen.
(b) Address 811 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1948 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hampden?

18 (a) Funeral director Paul C. Shenuth Jr.
(b) Address 3615-17 Chestnut Ave

19 (a) APR 27 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/48 to 4/24/48 and that I last saw h[illegible] alive on 4/24/48.

Immediate cause of death Cardiac Failure

Duration
over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 123 W Mash St Date signed 4/27/48

H.D. Frankfurt
123 W. Mash St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G32662 ✓ G62662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 W. 38th St.
(c) Hospital or institution: 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 W. 38th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Rose Ellen May

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Frederick A. May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1873

8. AGE: Years 74 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Richard Davis
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Ellen French.
15. Birthplace Md.

16 (a) Informant Evelyn R. Dalam.
(b) Address 811 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 1948 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden.

18 (a) Funeral director Paul E. Schumacher Jr.
(b) Address 2145 N. Charles St.

19 (a) APR 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1948 to 4/23 1948
and that I last saw h[illegible] alive on 4/23 1948

Immediate cause of death: Bronchial pneumonia — Duration
Due to: Cardiac failure
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. D. Franklin M.D.
Address 1123 E. Fort Ave. Date signed 4/26/48

H.D. Franklin
1123 E. Fort Ave. Md. X

VS-150.

Off Wagner's Pt. Patapsco River

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62663 X G62663

Registered No. 173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Eutaw Street
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Princeton Place (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William N. Killebrew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertrude May Killebrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6- 1925

8. AGE: Years 23 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace McCune, Kansas (Town, county, and state)

10. Usual Occupation U.S. Coast Guard Officer

11. Industry or business Aviator

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Blanch Bugard
15. Birthplace

16 (a) Informant U.S. Coast Guard
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1948 (month) (day) (year)
(c) Cemetery or crematory Arlington National Cem
Location Arlington Va.

18 (a) Funeral director Pope & Bell Walter
(b) Address Pratt & Stricker

19 (a) APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1948, at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an ~~Autopsy~~ Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 1/24/48 ? 26/6 M.
(b) Where did injury occur? Off Wagner's Point
(c) Did injury occur at home, on farm, industrial place, in public place? Patapsco River While at work? Yes
(d) Means of injury Airplane Crash

23. Signature Thos G. Merrill M.D. Medical Examiner.
Date signed 4/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

X

062664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 062664

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5416 Reisterstown Rd.
(c) Hospital or institution: 78-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5416 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET MARY BOHN

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Fred Bohn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 27, 1874
8. AGE: Years 73 | Months 11 | Days 29 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Josepha Reuter
15. Birthplace Germany

16 (a) Informant Mr. Charles Bohn
(b) Address 5416 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) Date received by Registrar APR 27 1948 (b) Transcription from Millinues, MD Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 4 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1946 to 4/26 1948, and that I last saw her alive on 4/25 1948

Immediate cause of death: Carcinoma of Intestines — Duration: 10 days

Due to:

Due to:

Other Conditions: Gastritis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. C. Heard, M.D.
Address 2901 Eastern Ave. Date signed 4/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No. G62665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Manhattan Ave
(c) Hospital or institution: 27-19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Manhattan Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrea Serra

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1872

8. AGE: Years 75 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation String Cutter, retired

11. Industry or business marble statue business

FATHER
12. Name Andrea Serra
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Vacca
15. Birthplace Italy

16 (a) Informant Settimo Serra
(b) Address 5240 Beaufort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

19 (a) APR 27 1948 (Date received by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1948, at 3:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral Concussion
Multiple Internal Injuries
Due to Jumped from 3rd Floor window
Other Conditions Senile Dementia due to arteriosclerosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/24/48 at about 12:45 P.M.
(b) Where did injury occur? 2800 Manhattan Ave
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Jumped from 3rd Story

23. Signature C. P. Schmeisser M.D.
Medical Examiner.
Date signed 4/26/48

VS 151

G62666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G62666

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2718 Elliott St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — — —

3 (a) FULL NAME Joseph Wetherington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 2/24/92

8. AGE: Years 56 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace No. Carolina (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Adam Wetherington

13. Birthplace ?

MOTHER 14. Maiden Name ~~Jane~~ ?

15. Birthplace ?

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location O'Donnell Sq.

18 (a) Funeral director Lally & Zierlein Inc

(b) Address 403 S. Wolfe St.

19 (a) APR 27 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 8 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to Hypertensive and arteriosclerotic cardio-

Due to vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman Wellington M.D.

Address Johns Hopkins Hosp. Date signed 4/26/48

VS 150

662667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c ✓

Registered No. 662667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Rosedale St.
(c) Hospital or institution: 16-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Rosedale St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Emma C. Hill

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: FM
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louis Hill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1856

8. AGE: Years 91 | Months 8 | Days 15 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Alford Hill
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Gisriel
15. Birthplace Maryland

16 (a) Informant Mr. Lewis C. Hill
(b) Address 1608 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948 at 1A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1944 to April 27-1948, and that I last saw h[illegible] alive on April 26- 1948.

Immediate cause of death: Organic Heart Disease — Duration unknown.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Roland M. D.
Address 2532 Edmondson Ave Date signed 4-27-48.

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G62668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 W. Pratt St
(c) Hospital or institution: 18-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1016 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loretta V. Walters

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John E. Walters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1889

8. AGE: Years 59 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER — 12. Name William H. Lane

13. Birthplace Penna

MOTHER — 14. Maiden Name Rosana Langley

15. Birthplace England

16 (a) Informant John E. Walters

(b) Address 1016 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date there April 29. 1948 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore Md

18 (a) Funeral director Pratt & B.M. Walters

(b) Address Pratt & Stricker Sts

19 (a) APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to April 26 1948, and that I last saw h.e.r. alive on April 25 1948.

	Duration
Immediate cause of death: Pulmonary Oedema	
Due to: Hypertensive Cardio Vascular disease	
Due to	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norton C. Kitsch M. D.

Address 215 W Utica St Date signed 4/27/48

VS 150

G62669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G62669

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 W. Pratt St
(c) Hospital or institution: 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 W Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T. Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Leroy S. Armstrong

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) October 13-1868

8. AGE: Years 79 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Thomas A. Beach
13. Birthplace

MOTHER
14. Maiden Name Isabelle Stevens
15. Birthplace

16 (a) Informant Leroy S. Armstrong
(b) Address 1320 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-1948 (month) (day) (year)
(c) Cemetery or crematory Woodbine Cem
Location Harrisonburg Virginia

18 (a) Funeral director Raff & B. M. Walker
(b) Address Baltimore Street Hunting Town Catholic, Md.

19 (a) APR 27 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1948 to April 27 1948 and that I last saw h-r alive on April 27 1948

Immediate cause of death Respiratory Failure — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions Diabetes mellitus 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagrotta M. D.
Address 1729 W Lombard St Date signed 4/27/48

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G62670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith Street
(c) Hospital or institution:
Motherhouse of Notre Dame 10-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sr.M.Dolorette Kissner S.S.N.D.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8,1877

8. AGE: Years 71 | Months 1 | Days 22 19 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business Teacher

FATHER
12. Name John Kissner
13. Birthplace Germany

MOTHER
14. Maiden Name Appollania Schwab
15. Birthplace Germany

16 (a) Informant Sr.M.Stan.Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr.30/48 (month) (day) (year)
(c) Cemetery or crematory Mt.St.Mary's
Location Glen Arm Md.

18 (a) Funeral director Geo.M.Smith Son
(b) Address 846 N.Howard St.

19 (a) APR 29 1948 (Date rec'd by registrar) Wm.T.Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 27, 48 19 , at 7.35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.24 1948, to April 27, 1948, and that I last saw her alive on April 27 1948

Immediate cause of death Carcinoma — Duration

Due to Sig.moid rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis J. Kirby M.D.
Address 110 E. North Ave Baltimore Date signed 4/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G62671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution: Twilight Nursing Home 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 320 E. Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward C. Burness

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Ann K. Burness

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd 1881

8. AGE: Years 67 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Cornelius Burness
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz Seyriot
15. Birthplace Md.

16 (a) Informant Claire Snyder
(b) Address 320 E. Old Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Pratt St.

19 (a) APR 27 1948 (Date rec'd by registrar) Acting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1948, at 6:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to April 1948, and that I last saw him alive on 23 April 1948.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Renal Disease	5 yrs.
Due to	
Due to	
Other Conditions N Labeta Mellitus	3 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. K. Kemmer, Jr. M.D.
Address 501 Sheridan Ave. Date signed April 27 1948

VS 159

131a

G62672

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

Registered No. G62672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 Ramsey St
(c) Hospital or institution: 21-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Ramsey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Trabandt

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-2027

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of ~~husband or~~ wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6th 1875

8. AGE: Years 72 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Checker

11. Industry or business Nat. Paving Co.

FATHER
12. Name Michael Trabandt
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mollie Mintz
15. Birthplace Balto. Co. Md.

16 (a) Informant Geo. Trabandt
(b) Address 1008 Barre St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/28/48 (month) (day) (year)
(c) ~~Cemetery or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) APR 27 1948 (Date rec'd by reg'trar) Cunningham for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25th 1948, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to Apr 23 1948
and that I last saw him alive on Apr 23 1948

Immediate cause of death (a) Pulmonary tuberculosis

Due to

Due to

Other Conditions Tuberculous Laryngitis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. McGrear M.D.

Address 705 Med Arts Date signed 4/27/48

VS 150

662673

Grave #4

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 662673

CERTIFICATE OF DEATH

108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 203
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. Found: 1155 Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55? Months Days If less than one day hr. min.

9. Birthplace (Town, County, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory PUBLIC CEMETERY APR 19, 1948
Location

18 (a) Funeral director Commissioner of Health
(b) Address

APR 27 1948 (Date rec'd by registrar) (Huntington Williams, M.D.)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 19 48, at 2 55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D. Medical Examiner.
Date signed 3-29-48

X

File G62674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-09036 / 160c

Registered No. G62674

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr
(e) Length of stay in Baltimore (yrs., mos., or days) 1hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto - 24
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Woodbourne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Schlee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6-(a) Single, married, widowed, or divorced.
Female	wh	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20 - 1948

8. AGE: Years	Months	Days	If less than one day
NB	-	-	4 hrs. min.

9. Birthplace Balto - Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lendrew Schlee
13. Birthplace Balto - Md

MOTHER
14. Maiden Name Ethel Cassady
15. Birthplace Balto - md

16 (a) Informant 414 Woodbourne Ave
(b) Address Mrs Ethel Schlee

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Loc. Johns Hopkins Medical Schoo APR 26 1948

18 (a) Funeral director Commissioner of Health
(b) Address

APR 27 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1948, at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1948, to Apr. 20 1948, and that I last saw her alive on Apr. 20 1948.

Immediate cause of death	Duration
Due to Premature Separation of Placenta	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Selser M. D.
Address Sinai Hosp Date signed 4-23-48

VS 150

G62675 48-03598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. G62675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 19-
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs. 25min.
(e) Length of stay in Baltimore (yrs., mos., or days) 2hrs. 25min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Green #2

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/31/48

8. AGE: Years	Months	Days	If less than one day
			2 hr. 25 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name William Anderson

13. Birthplace Virginia

MOTHER 14. Maiden Name Odessa Richardson

15. Birthplace Raleigh, N.C.

16 (a) Informant Odessa Green

(b) Address 513 N. Bruce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Johns Hopkins Medical Schoo APR 22, 1948

18 (a) Funeral director Commissioner of Health

(b) Address

APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31 1948 at 7 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1948 to Mar. 31 1948 and that I last saw him alive on Mar. 31 1948

Immediate cause of death — Duration

Due to Prematurity

Due to Twin birth

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. S. Butler

Address Provident Hospital Date signed 4/

VS 150

G662676 48-07997 BALTIMORE CITY HEALTH DEPARTMENT G662676
Registered No.

CERTIFICATE OF DEATH V159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs. 5min.
(e) Length of stay in Baltimore (yrs., mos., or days) 3hrs. 5min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Green #1
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/31/48
8. AGE: Years | Months | Days | If less than one day: 3 hr. 5 min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business
FATHER 12. Name William Anderson
13. Birthplace Virginia
MOTHER 14. Maiden Name Odessa Richardson
15. Birthplace Raleigh N.C.
16 (a) Informant Odessa Green
(b) Address 513 N. Bruce St.
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo APR 22 1948
18 (a) Funeral director Commissioner of Health
(b) Address
19 APR 27 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31 1948 at 7 00 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1948 to Mar. 31 1948 and that I last saw him alive on Mar. 31 1948.

Immediate cause of death	Duration
Due to Prematurity	
Due to Multiple Birth	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address Baltimore Md. Date signed 4/6/48

VS 150

C62677 C62677-BC-x-48-12089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

Registered No. C62677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 18.1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 W. Lexington St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Lee Jeffries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/48

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name James Russell Jeffries
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Doris Elizabeth Cook
15. Birthplace Balto, Md.

16 (a) Informant Doris Jeffries
(b) Address 800 W. Lexington St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo APR 23 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 27 1948 Interring Co. Williams, M.D.
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1948, to April 5 1948, and that I last saw him alive on April 5 1948.

Immediate cause of death	Duration
Atelectasis	
Due to	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 502 Cross Keys Date signed 4/6/48

VS 150

662678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 27-14
(b) Street address
(c) Hospital or institution:
Hosp Women MD
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Club Rd
(If rural give location)
(e) Citizen of foreign country? N? (Yes or No)
If yes, name country –

3 (a) FULL NAME Alice Bedford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: W, Married

6 (b) Name of husband or wife: Henry E. Bedford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 29 - 1864

8. AGE: Years 84 | Months 2 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Brooklyn - N.Y.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Milne
13. Birthplace Brooklyn - N.Y.

MOTHER
14. Maiden Name Frances Fowler
15. Birthplace Brooklyn - N.Y.

16 (a) Informant Mrs E. Donaho
(b) Address 1013 Poplar Hill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 (month) (day) 1948 (year)
(c) Cemetery or crematory Greenwood Cem
Location Brooklyn, N.Y.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1600 Eutaw Place

19 APR 27 1948 (Date filed by Registrar) (b) Signature for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr - 26 - 1948, at 9:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1948 to Apr - 26 - 1948, and that I last saw h[illegible] alive on Apr - 26 - 1948.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Arteriosclerosis	
Coronary Occlusion	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Walker Hosp Date signed 4-26-48

VS 150

662679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 662679

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6609 O'Donnell St.
(c) Hospital or institution: 26-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6609 O'Donnell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Toivo A. Tammi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Ida A. Tamme

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1893

8. AGE: Years: 55 | Months: 3 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Finland (Town, county, and state)

10. Usual Occupation: Engraver

11. Industry or business: Oscar Caplan

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant: Ida A. Tammi
(b) Address 6609 O'Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location 7225 Eastern Blvd.

18 (a) Funeral director Roland J. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) APR 27 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1948 at 6:1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1946 to April 27 1948 and that I last saw h[illegible] alive on April 6 1948.

Immediate cause of death: Cachexia — Duration: 2 mos

Due to Metastatic Carcinoma Stomach to Liver

Due to Ca of Stomach

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Aug 23, 1946

Major findings of operations: Ca of stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.

Address 4706 Eastern Ave Date signed April 27/48

VS 150

G662680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G662680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Gambrills (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Hagan
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Thomas

6 (b) Name of husband or wife
6 (c) If alive, give age 29 years
7. Birth date of deceased (mo., day, yr.) 6-25-18

8. AGE: Years	Months	Days	If less than one day
29	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clark Beecher
13. Birthplace Md

MOTHER
14. Maiden Name Leana Lowman
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/48 (month) (day) (year)
(c) Cemetery or crematory St Stephens
Location Columbia Md

18. (a) Funeral director D E Hopkins & Son
(b) Address Annapolis Md

19. (a) Apr 28 1948 (Registrar) (b) Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1948 to 4/27 1948 and that I last saw her alive on 4/27 1948

Immediate cause of death Uremia — Duration 8 mos
Due to Chronic pyelonephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Victor A. McKusick
Address Johns Hopkins Hosp Date signed 4/27

662681 Negro

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

662681 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 E. 28th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Hereford Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hereford Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winters Annette Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23rd 1946

8. AGE: Years 1 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Monkton Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lewis Johnson
13. Birthplace Hereford Md

MOTHER 14. Maiden Name Emily Hall
15. Birthplace Cockeysville Md

16 (a) Informant Lewis Johnson
(b) Address Hereford Md.

17 (a) Burial (b) Date thereof 4-28-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Lukes Hereford
Location Balto, Co.

18 (a) Funeral director Bosley Magee & Knight
(b) Address 725 Fairmount Ave

19 (a) APR 28 1948 (b) Huntington Williams, Md
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 27 1948 at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1948, to Apr. 27 1948 and that I last saw h[illegible] alive on Apr. 26 1948.

Immediate cause of death Lobar Pneumonia — Duration 7 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph C. Johnson M.D.

Address 2329 Guilford Ave Date signed Apr 27 1948

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~682682~~

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 94a

Registered No. 682682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21-1
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital, if last. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Burgundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert TRAUGHT

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: W
6 (b) Name of husband or wife: Edna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV-12-1888

8. AGE: Years 59 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Walter Trought
13. Birthplace York Pa

MOTHER
14. Maiden Name Annie Dixon
15. Birthplace York Pa

16 (a) Informant Mother Annie Trought
(b) Address 1102 Burgundy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (Month) (Day) (Year)
(c) Cemetery or crematory U.S. National
Location Baltimore Md

18 (a) Funeral director Wallbrun Cook Inc
(b) Address 1217 St Paul St

19 (a) APR 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 7 45 A.M.

21. I certify that I took charge of the remains described above, held Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Artery Disease.
Arteriosclerosis.
~~Due to~~ Edema of lungs.
Arteriosclerotic softening of brain

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 4/27/48

G62683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G62683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6508 Brook Ave.
(c) Hospital or institution: 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6508 Brook Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Veronica Kucera

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1899

8. AGE: Years 48 | Months 10 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name John Kucera
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Mary Lehecka
15 Birthplace Czechoslovakia

16 (a) Informant Mr. Charles Kutcher - brother
(b) Address 2710 Pelham Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 29/48 (month) (day) (year)
(c) Cemetery or ~~xxxxxx~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.
18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison St.
19 APR 28 1948 (Date rec'd by Registrar) Hunting for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948 to April 26 1948
and that I last saw him alive on 23 April 1948

Immediate cause of death	Duration
Carcinoma of Breast	
Due to with metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Denis J. McGrath M.D.
Address 7223 Harford Rd. Date signed 4/27/48

Dr. L. L. Jacobs 1700 Eutaw Place (Le 2087)

662684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

662684 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 E. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick L. McCarthy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) July 21st 1872

8. AGE: Years	Months	Days	If less than one day
75	9	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Machinist

11. Industry or business B & O R.R.

FATHER
12. Name Joseph E. McCarthy
13. Birthplace N.Y.

MOTHER
14. Maiden Name Sophia L. Gisriel
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Genevieve Coleman
(b) Address 4 Main St. Reisterstown Md

17 (a) Burial (b) Date thereof 4/31/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Sons.
(b) Address 617 St. Paul St.

19 APR 28 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1948, at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1948 to 19; and that I last saw him alive on Apr. 26- 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arte. arterio sclerosis	
Due to	
Other Conditions Artho-plastic - left trochanter (fracture) at Frath	

(Include pregnancy within 3 months of death)

Date of operation March 30 - 1948

Major findings of operation: None

of autopsy:

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 10/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 4, 1947 at 5 M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fell from ladder & fell to floor

23. Signature Homer J. Jacobs M. D.

Address 1700 Eutaw Pl. Date signed 4-27-48

Homer J. Jacobs, M.D.

G62685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1167

Registered No. G62685

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1-4
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 S. Belnord Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Zegzdryn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rita Zegzdryn

6 (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.) Feb. 10 1918

8. AGE: Years 30 | Months 2 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

12. Name of Mother: Josephine Dutkiewicz

13. Birthplace: Poland

14. Name of Father: Martin Zegzdryn

15. Birthplace: Poland

16 (a) Informant: Thaddeus Zegzdryn

(b) Address 9332 L. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Dundalk Ave

18 (a) Funeral director John J. Duda

(b) Address 2849 Hudson St. Baltimore, Md.

APR 28 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 7 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH (a) Stab wound of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 4-26-48 at 6:30 P M.

(b) Where did injury occur? 908 S. Belnord

(c) Did injury occur at home, on farm, industrial place, in public place? home (While at work? no

(d) Means of injury Weapon or instrument

23. Signature Earle F. Royer M.D. Medical Examiner.

Date signed 4-27-48

VS 151

G62686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1226

Registered No. G62686

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Jessie Crowder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife James Crowder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1893

8. AGE: Years	Months	Days	If less than one day
54	9	24	hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ~~James~~ Rosa Lee Webb
13. Birthplace Penn.

MOTHER
14. Maiden Name Alice Webb
15. Birthplace Penn.

16 (a) Informant James Crowder
(b) Address Westminster Md

17 (a) Burial (b) Date thereof April 30-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baughmans
Location Carroll Co

18 (a) Funeral director H Bankard - Son
(b) Address Westminster Md

19 APR 28 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 April 1948 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 27 Apr 1948 to 27 Apr 1948, and that I last saw her alive on 27 April 48.

Immediate cause of death Shock — Duration 12 hrs

Due to Intestinal obstruction — 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Allan Dyer
Address Md. General Hosp. Date signed 27 Apr 48

662687 BC-662687 662687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 179x

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 462 Arunah St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Deborah Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/46

8. AGE: Years 1 Months 5 Days 18 days 1/6 If less than one day hr. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roland Morris,
13. Birthplace Virginia,

MOTHER 14. Maiden Name Helen Brown.
15. Birthplace Baltimore, Md.

16 (a) Informant Ruth Cook
(b) Address 1807 Arunah Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 APR 28 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1948, at 8 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 4/25 1948 and that I last saw h[illegible] alive on 4/25 1948

Immediate cause of death	Duration
Renal Failure	5 days
Due to Acute Chemical Poisoning	
Due to	
Other Conditions Pulmonary congestion (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy Awaiting Microscopic

PHYSICIAN
Underline the cause to which death should be charged statis.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-24-48 at 1:00 P.M.
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury camphor poisoning

23. Signature Wm Gunner
Address 1514 Division St Date signed 4/25/48 (M. D.)

VS 150

X.

over

662688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 662688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 S. Ellwood Avenue
(c) Hospital or institution: 1-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. Ellwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA WILHELMINA CRAMBLITT

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles A. Cramblitt
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1871

8. AGE: Years 76 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Lammers
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hoffman
15. Birthplace Germany

16 (a) Informant Mr & Mrs. Wm. Severe
(b) Address 407 S. Ellwood Avenue -24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) APR 28 1948 (Date rec'd by registrar) (Signature) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948 at 3.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1948, to Apr. 25 1948.
And that I last saw h alive on 19

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 da
Due to: Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Lowbey M. D.
Address 411 S. Ellwood Ave Date signed 4/26/48

VS 180

662689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Jackson Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Winifred Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES SIMON HOFFMAN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Effie A. Hoffman
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Jan. 17, 1857
8. AGE: Years 91 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Peter C. Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Louise K. Menzel
15. Birthplace Germany

16 (a) Informant Mrs. Effie A. Hoffman
(b) Address 113 Winifred Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cemetery
Location Baltimore, Md.
18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY
19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 5.05 M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1948 to April 26 1948 and that I last saw [illegible] alive on April 25 1948
Immediate cause of death: Congestion and edema of Lungs — Duration
Due to: Chr. Bronchitis
Due to: Chr. Myocarditis
Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address Lansburgh N. Y. Date signed 4/29/48

662690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

Registered No. 662690

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto. - 12 (If outside city or town limits, write RURAL and give town)
(d) Street No. 6231 YORK Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina B. Humphreys

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1887

8. AGE: Years 61 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home - None
11. Industry or business

FATHER
12. Name Harry B. Humphreys
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma L. Johnson
15. Birthplace Md.

16 (a) Informant Miss Wilhelmina B. Tapscott
(b) Address 6231 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto. Md.

18 (a) Funeral director Wm. T. Tickner & Sons
(b) Address Balto. Md.

APR 28 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/48 19 , at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948, to April 27 1948, and that I last saw her alive on April 26 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	4 mo
Due to Hyperthyroidism	5 no
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Otis Montgomery M.D. M. D.
Address Mercy Hosp. Date signed 4-27-48

X

G62691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. G62691

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Garrington Road
(c) Hospital or institution: 15,10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Garrington Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Garbus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE: Years: 60 Months: Days: If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation: merchant

11. Industry or business:

FATHER
12. Name: Gelu
13. Birthplace: Russia

MOTHER
14. Maiden Name: Lefka
15. Birthplace: Russia

16 (a) Informant: Lay Garbus
(b) Address: 3905 Garrington Rd

17 (a) Burial: Burial, cremation, or removal (b) Date thereof: 4-28-48 (month) (day) (year)
(c) Cemetery or crematory: United Hebrew
Location: Washington Road

18 (a) Funeral director: Jos D Lewis Inc
(b) Address: 2100 Eutaw Place

19 APR 28 1948 Date rec'd by registrar: Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28- 1948, at 12 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to April 28 1948 and that I last saw h[illegible] alive on April 28 1948

Immediate cause of death	Duration
Cerebral embolus – Acute Pul oedema	
Due to Old Hypertension & Coronary Atherosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Cohen M. D.

Address Marlborough Date signed 4-28-48

X

G626932

48-09026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G626932
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr 10min
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 E. Chase Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Lowery

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1948

8. AGE: Years	Months	Days	If less than one day
			2 hr. 10 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Millford
13. Birthplace 717 E Chase St

MOTHER
14. Maiden Name Angela M. Marato
15. Birthplace 717 E. Chase St

16 (a) Informant Hospital Record
(b) Address 1400 N. Caroline St.

17 (a) Burial (b) Date thereof 4-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Rush
(b) Address 5305 Harford Rd

19 (a) APR 28 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1948 at 10:55AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 26, 1948 to April 26, 48 and that I last saw h. alive on April 26 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy, within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony F. DiPaula M.D.
M.D.
Address St. Joseph's Hosp. Date signed 4/26/48

VS 150

G62693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 937

G62693
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5-1
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 1247 St Matthew Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUTH THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Clarence Thomas

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 40 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Farmville Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Washington Wilson
13. Birthplace Farmville Va

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Clarence Thomas
(b) Address 1247 St Matthew St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy D. Wilson
(b) Address 000 Blankety ave

19 (a) APR 28 1948 (Date rec'd by registrar) (b) Huntington Williams Md

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/48 19 ____, at 9:35 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to HER death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thos R Davis M.D.
Medical Examiner.
Date signed 4/25/48

X

G62694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G62694 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 E Eager St
(c) Hospital or institution: 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 E Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrow Foster

3 (b) If veteran, name war: World War #2
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1925

8. AGE: Years 33 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Truck Helper

11. Industry or business

FATHER
12. Name Charles Foster
13. Birthplace Md

MOTHER
14. Maiden Name Lurenia ?
15. Birthplace Md

16 (a) Informant Mrs. Robt. A. Elliott's Dept
(b) Address 1129 N. Carlyle St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 29/58 (month, day, year)
(c) Cemetery or crematory Balto. Cemeteries
Location 6

18 (a) Funeral director Mrs Robt. A Elliott's Dept
(b) Address 1129 N. Carlyle St

19 (a) Filed APR 28 1958 (Date received by Local Registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1958, at 10 32 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab wound of thoracic aorta
STAB WOUND OF THORACIC AORTA

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 24 1958 at 10 32 A. M.
(b) Where did injury occur? 1832 E. Eager ST.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Stab wound

23. Signature Earl L Rogers M.D. Medical Examiner.
Date signed April 25 1958

X

662695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62695

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Hickory Ave
(c) Hospital or institution: 13-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3613 Hickory Ave (If outside city or town limits, write RURAL and give town) Baltimore Md
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E McClain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles J McClain

6 (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) Sept 20 1862

8. AGE: Years 65 Months 7 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Press
15. Birthplace unknown

16 (a) Informant Charles J McClain
(b) Address 3613 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29 48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Grant H Sauter
(b) Address 814 N 36th St

APR 28 1948 (Date rec'd by registrar) (b) Registrar

Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1948 to April 26 1948 and that I last saw her alive on April 26 1948

Immediate cause of death: Acute Cardiac Failure — Duration

Due to: Arteriosclerotic Cardio Vascular Disease and

Due to:

Other Conditions: Acute Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J B Gross M.D.

Address 3400 Eastern Ave Date signed 4/27/48

X

4662696 BALTIMORE CITY HEALTH DEPARTMENT G62696
CERTIFICATE OF DEATH 1248 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave.
(c) Hospital or institution: Sinai Hosp of Balto. 13-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Bay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE BASEMAN.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name George Baseman
13. Birthplace Germany

MOTHER 14. Maiden Name unknown
15 Birthplace - -

16 (a) Informant Virginia Wiles
(b) Address 860 W 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36th St

APR 28 1948 (Date rec'd by registrar) (b) Registrar
Funeral from Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1948 to April 27 1948 and that I last saw h-e alive on April 27 1948

Immediate cause of death	Duration
Pulmonary edema.	
Due to Arteriosclerotic CVD.	
Due to	
Other Conditions Cirrhosis of Liver.	

(Include pregnancy within 3 months of death)
Date of operation April 5-48
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Cushner M.D.
Address Sinai Hospital, Balto Date signed 4-30-48

937

G62697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G62697

Every item of information should be carefully supplied. The... WITH UNFADING INK. Ev... important. Physicians: please writ... write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Kelway Road
(c) Hospital or institution: 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Kelway Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Thomas J. Welsh Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anne Thornton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16 1880

8. AGE: Years 67 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Piedmont W. Va.
(Town, county, and state)

10. Usual Occupation U. S. P. O. (Retired)

11. Industry or business

FATHER
12. Name Richard Welsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Loughlin
15. Birthplace Ireland

16 (a) Informant Mrs Anna M Welsh
(b) Address 4300 Kelway Road

17 (a) Burial (b) Date thereof 4/28/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto

18 (a) Funeral director E. J. Gannon & Son
(b) Address 1938 E. Lafayette Ave.
(By whom certified) (Address) Registrar

Registered by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 25th 1948, at 10:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1947 to April 25 1948.
and that I last saw him alive on April 25 1948.
Immediate cause of death Cerebral Hemorrhage
Interval between onset and death 2 days
Due to Chronic Interstitial Nephritis
Arterial Hypertension
Due to Senile Arteriosclerosis 5 years
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Albert Eisenberg M.D.
Address 2015 E. North Ave. Date signed 4-28-48

50

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

~~G62698~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland & Payson
(c) Hospital or institution:
West Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Waldon ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur Hook

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-10-8785

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gertrude May Hook
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr) July 12 1888

8. AGE: Years 59 | Months 10 | Days 14 | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Glass Cutter

11. Industry or business Pittsburgh plate Glass Co

FATHER:
12. Name William Hook
13. Birthplace Baltimore, Md.

MOTHER:
14. Maiden Name Sue Hatton
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Gertrude M. Hook
(b) Address 12 Waldron Ave. Pikesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Frank H. Mauell
(b) Address Pikesville, Maryland

19 (a) [illegible] 28 1948 (registrar) (b) [illegible]

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1948, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1948, to 4-26 1948, and that I last saw h/m alive on 4-26 1948.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Cardiac decompensation — total	
Due to Arteriosclerotic cardiovascular disease	
Other Conditions Arteriosclerosis of st. leg	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Binkemon MD M. D.
Address W. B. & H. Date signed 4-27-48

G62699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G62699 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-9
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~22 N. Carey St.~~ 1310 E. Lafayette St (If rural, give road and number)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: ANNIE M. KING

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26 1873

8. AGE: Years 74 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace PROVIDENCE, R.I. (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business —

FATHER
12. Name THOMAS KING
13. Birthplace PROVIDENCE, R.I

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MRS. T. MONAGHAN (Sister-in-law)
(b) Address 1807 O'KEN DT.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48

(c) Cemetery or crematory New Cathedral
Location Bulls, Md.

18 (a) Funeral director Wm. J. Malloy & Sons
(b) Address North Ave. cor. Bulls, Md.

19 (a) APR 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy upon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Rupture of diaphragm c Partial gastrectomy

Due to Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-27-48 at 1:00 P.M.
(b) Where did injury occur? 22 N. Carey St. Lombardy Nursing Home
(c) Did injury occur at home, on farm, industrial place, in public place? Nursing home While at work? no
(d) Means of injury Jumped from 3rd story window

23. Signature [signature] M.D. (Medical Examiner.)
Date signed 4-28-48

VS 151

G62700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164a

G62700 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D. of
(b) Street address Mt Wm Bolton Howard Hosp
(c) Hospital or institution: 30.02
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2742 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME William C. FARRELL William C. Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-6763.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Doris H. Farrell

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 9-4-1901

8. AGE: Years 46 | Months 8 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore - Maryland (Town, county, and state)

10. Usual Occupation Repairman

11. Industry or business C+P. Telephone Co

FATHER 12. Name William Farrell

13. Birthplace Ireland

MOTHER 14. Maiden Name Nellie Fitzpatrick

15. Birthplace Maryland

16 (a) Informant Doris H. Farrell - wife

(b) Address 2742 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore - Maryland

18 (a) Funeral director F. B. Wilbert & Son

(b) Address 1900 Eutaw Place 17

19 APR 28 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26 1948, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Asphyxiation due to strangulation

Due to

Other Conditions Disponderey

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 4/26/48 at about 1:30 P.M.

(b) Where did injury occur? 2742 W. Fairmount Ave

(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No

(d) Means of injury Hung self by rope

23. Signature C. F. Sullivan M.D. Medical Examiner.

Date signed 4/26/48

VS 181

662701 #5 Grave #5 662701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Found: Pier #4 Pratt St.
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNKNOWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: ? 30-40 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY APR 23 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 20 1948 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1948, at 10 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(a) Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury found 4-2-48 at 9:50 A.M.
(b) Where did injury occur? found: Pier #4 Pratt St.
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work? no
(d) Means of injury found drowning

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 4/2/48

VS 181

662702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51 B

Registered No. 662702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Poole

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Virginia (nee Wright)
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 (1875)

8. AGE: Years 73 (74) | Months 6 | Days 11. | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Clark Poole
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza Delph
15. Birthplace Virginia

16 (a) Informant French Clark Poole
(b) Address Catonsville, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 30 1948 (month) (day) (year)
(c) Cemetery or crematory Comers Rock
Location Grayson Co. Va.

18 (a) Funeral director London M. Bryant
(b) Address Sparks, Md.

APR 22 1948 (Date rec'd by registrar) (b) Registrar

Huntington Hollenbeck, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1948 to April 28 1948, and that I last saw ~~him~~ alive on April 28 1948.

Immediate cause of death Metastatic
87 Carcinoma of prostate
Due to (Primary)
Due to
Other Conditions Arteriosclerosis
Arteriosclerotic CVD.
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Lawrence Jr
Address University Hospital Date signed 4/28/48 M.D.

G62703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G62703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 12
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Md. Ave., Balt. Md. (If rural give location)
(e) Citizen of foreign country? [redacted] (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillian M. Leech (Lillian M. Leech)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas S. Leech
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1888

8. AGE: Years 59 [redacted] | Months 6 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Retired Clerical Worker
11. Industry or business B & O Railroad

FATHER
12. Name John Read
13. Birthplace Delaware

MOTHER
14. Maiden Name Martha Barnes
15. Birthplace Delaware

16 (a) Informant Mrs. William Stanier
(b) Address 234 N. Union St., Kennett Sq. [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E. W. Hamoneau
(b) Address 4510 Liberty Heights Ave.

19 (a) Apr 27 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948 to April 26 1948 and that I last saw her alive on April 26 1948

Immediate cause of death: Myocardial Failure — Duration: [illegible]
Due to: Myocardial Infarct — Duration: [illegible]
Due to: Coronary Occlusion — Duration: 1 hour
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mortimer Lee Keller M. D.
Address Union Mem. Hosp. Date signed April 26 1948

G62704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

G62704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Edwin Warehime
(c) Hospital or institution: Maryland General Hosp. 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4675 Park Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Edward Warehime

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1869

8. AGE: Years	Months	Days	If less than one day
78	10	9 10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Warehime
13. Birthplace Md

MOTHER
14. Maiden Name Mary Hareroch
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-48 (month) (day) (year)
(c) Cemetery or crematory Pleasant Valley
Location Carroll Co

18 (a) Funeral director H Bankard. Son
(b) Address Westminster Md

APR 22 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1948, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1948, to 4-28 1948, and that I last saw him alive on 4-28 1948.

Immediate cause of death Cardiac failure

Due to Cardiac arrhythmia

Due to Prostatic hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy Refused

Duration
arrhythmia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no accident
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Pasquallet M. D.
Address Maryland Gen Hosp. Date signed 4-28-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G62705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Brown (Brower)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1862

8. AGE: Years	Months	Days	If less than one day
86	3	1	hr. min.

9. Birthplace Keyport, New Jersey
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name William S. Brower
13. Birthplace New Jersey

MOTHER
14. Maiden Name Fannie Walling
15. Birthplace New Jersey

16 (a) Informant Anna L. Brown
(b) Address 1225 Greenmount Avenue

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 4 - 29 - 48 (month) (day) (year)
(c) Cemetery or crematory Green Grove
Location Keyport, New Jersey

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 APR 29 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 2 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1947, to Apr 28 1948 and that I last saw her alive on Apr 27 1948.

Immediate cause of death Pulmonary Embolus — Duration 6 hrs
Due to Thrombo phlebitis left thigh 4 Years — 4 Yrs
Due to Enlarged tumor of Uterus — Years ?
Other Conditions Chronic Myocarditis — 5 Yrs.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Willard E. Brady M.D.
Address 10 E. Preble Date signed 4/30/48

56B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G62706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 East 33rd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 East 33rd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John H. Kroeger

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Caroline J. Kroeger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 3, 1879

8. AGE: Years 69 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Carpenter - retired

11. Industry or business

FATHER
12. Name: Frank Kroeger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Rose Myers
15. Birthplace: —

16 (a) Informant: Caroline Kroeger
(b) Address: 1507 East 33rd Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/ 1/ 48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. Cook, Inc.
(b) Address: 1217 St. Paul Street

19 (a) APR 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27, 1948, at 12 Mid-night

21. I certify that death occurred on the date above stated; that I attended deceased from Ap 27 19 48 to Ap 27 19 48, and that I last saw h[illegible] alive on Ap 27 19 48

Immediate cause of death	Duration
Acute Coronary Insuff	1
Due to Arteriosclerotic Heart	9
Other Conditions Cirrhosis of Liver	Since 1927

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible]

Address 1507 E. 33rd Date signed 4/29/48 M.D.

G62707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G62707 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. CAROLINE ST.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL 2 D
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 350 S. SMALLWOOD ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE HENRY GREEN

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-10-0204

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/11/75

8. AGE: Years 72 | Months 45 | Days 16 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation PENSIONER
11. Industry or business BALTO. TRANSIT

FATHER
12. Name John H. Green
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza J. Barrett
15. Birthplace New York

16 (a) Informant Mr. Charles H.S. Green
(b) Address 350 S. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Geo. L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) 4/28 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1948, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1948 to 4/27 1948, and that I last saw him alive on 4/27 1948.

Immediate cause of death: HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration
Due to
Due to
Other Conditions: ARTERIOSCLEROSIS, GENERAL
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Houchen
Address St. Jos. Hosp. Date signed 4/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Vine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Vine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mayo Bellamy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William Bellamy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1890

8. AGE: Years 57 | Months 11 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Emma Edwards
15. Birthplace Balto. Md.

16 (a) Informant Estella Hargrove
(b) Address 5249 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3229 W. Edmondson Ave

19 (a) APR 29 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1948 to 4/27 1948, and that I last saw h[illegible] alive on 4/26 1948.

Immediate cause of death Cerebral Hemorrhage of Brain — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Jackson M. D.
Address 600 N. Wolfe St 4/29/48

R. L. Jackson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

62709 Registered No.

AB-118205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia McCarthy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3- 1872

8. AGE: Years	Months	Days	If less than one day
75	6	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph McCarthy
13. Birthplace Maryland

MOTHER 14. Maiden Name Sophia Gisriel
15. Birthplace Maryland

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Balto Co.

18 (a) Funeral director Wm Cook Inc
(b) Address 2242 St Paul St Huntington Terrace, Md

19 (a) APR 29 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 48 at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 19 48 to 4-28 19 48, and that I last saw her alive on 4-28 19 48.

Immediate cause of death	Duration
Cardiac failure	days
Due to	
Due to	
Other Conditions Fracture of neck of femur	2 mos.

(Include pregnancy within 3 months of death)

Date of operation 3/31/48
Major findings of operation: Fracture of neck of femur
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 10/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4/28/48 at 3 P M
(c) Where did injury occur? Balt Balt Balt (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Fell at home striking floor Fall down stairs made

23. Signature Gordon Craft
Address Balt. City Hosp. Date signed 4/28/48 M. D.

To be approved by Medical Examiner Earle Roszel M.D.

VS 150

662710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

662710 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution Home for the Aged Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hannigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16 1873

8. AGE: Years	Months	Days	If less than one day
74	7	11	hr. min.

9. Birthplace Ferrard Co. Ire'd
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name James Hannigan
13. Birthplace unknown

MOTHER
14. Maiden Name Bridget O'Shea
15. Birthplace unknown

16 (a) Informant Belle Sister & Nearest Kin
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory St Alphonsus
Location Woodstock

18 (a) Funeral director P.C. Higginbotham
(b) Address Ellicott City Md

19 (a) (Date rec'd by registrar) (b) Transferred from Woodstock, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr-20-1948 to April 27-1948, and that I last saw her alive on April 26-1948

Immediate cause of death	Duration
Edema Lungs	1 Day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arterio Sclerosis	7 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E. North Ave Date signed 4/27/48

VS 159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GR.711 ✓ G6.711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 6711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shimon Greenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Libby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER 12. Name Hirsh Wolfe Granberg

13. Birthplace Russia

MOTHER 14. Maiden Name Faiga Chai

15. Birthplace Russia

16 (a) Informant Mrs. Eva Levin

(b) Address 2402 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 29 48 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Bowley Lane

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-26 W. North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Nelson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-48 19 , at 845 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10 19 48 to 4-28 19 48 and that I last saw h[illegible] alive on 4-28 19 48

Immediate cause of death: Cardiac Failure — Duration

Due to: Coronary occlusion accident

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman E Zinberg M. D.

Address Sinai Hospt. Date signed 4-29-48

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62712 ✓ G62712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4119 Hamilton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4119 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. JOLLY

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #2	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Julia R. Jolly
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 20th, 1899

8. AGE: Years	Months	Days	If less than one day
48	6	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Home Improvement

FATHER
12. Name Joshua R. Jolly
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Collins
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. William H. Jolly
(b) Address 4119 Hamilton Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home.
(b) Address 7401 Belair Rd.

19 (a) 4-29-1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1948, at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19, 1948, to April 26, 1948; and that I last saw him alive on April 26, 1948.

	Duration
Immediate cause of death Cerebral Hemorrhage	48 hrs.
Due to Hypertension	over 10 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson M. D.
Address 5713 Belair Rd. Date signed 4-27-48

VS 180

X

Medical Ex Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62713 Registered No. 157E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County
(c) City or town Berwyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Deoville Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Larry Bost

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-43

8. AGE: Years 5 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Almus Bost
13. Birthplace Ill.

MOTHER 14. Maiden Name Lauzette Racey
15. Birthplace Ill.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof APR 29 1948 (month) (day) (year)

(c) Cemetery or crematory Removal.
Location Cypress Hills.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2005 Belleano St.

19 (a) APR 29 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 1 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1948 to 4/28 1948, and that I last saw him alive on 4/28 1948.

Immediate cause of death: Cerebral Anoxia — Duration: Sudden
Due to: Cardiac Failure — Duration: "
Due to: Congenital Heart Disease — Duration: 5yrs

Other Conditions

(Include pregnancy within three months of death)
Date of operation 28 April 48
Major findings of operation: Transposition of Great Vessels
of autopsy: Confirmed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Cantrell M.D.
Address Johns Hopkins Hospital Date signed 28 April 48

VS 190 Released to Hospital Thomas L. Mullen, M.D.

2934 A - Calvert 1-30-24 (16711)

BALTIMORE CITY HEALTH DEPARTMENT — Registered No. ____

CERTIFICATE OF DEATH 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601. W. 40th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601. W. 40th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ella Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emory B. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1866

8. AGE: Years 81 | Months 11 | Days 14. | If less than one day: hr. min.

9. Birthplace Pleasantville Harford Co. Md.
(Town, county, state)

10. Usual Occupation Home Duties

11. Industry or business

MOTHER / FATHER
12. Name Henry Clay Fowler
13. Birthplace Harford Co. Md.
14. Maiden Name Mary Jane Ely
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Cora Davis
(b) Address 601 W. 40th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Mamie Cook Syffer
(b) Address 1600 W. North Ave.

19 (a) APR 3 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1948, to April 27, 1948. and that I last saw her alive on April 27, 1948

	Duration
Immediate cause of death: Coronary Thrombosis	Instant
Due to Arteriosclerotic Heart Disease.	
Due to	
Other Conditions Angina Pectoris	8 wks

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Robert H. Lowe M. D.
Address Cal. & 30th St. Date signed 4-29-48
Robert H. Lowe

Dec 5

662715

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 662715

CERTIFICATE OF DEATH

Registered No. 382458

134a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Susie S.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr) 3-17-1894

8. AGE: Years	Months	Days	If less than one day
54	1	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER 12. Name Morris W. Goodman

13. Birthplace Russia

MOTHER 14. Maiden Name Lena Gosied Fried

15. Birthplace Russia

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew

Location Belair Rd

18 (a) Funeral director Park Lawn Inc

(b) Address 200 Eutaw Place

19 (a) Apr 29 1948 (Date rec'd) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-1948, at 12:55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-1948 to 4-29-1948, and that I last saw him alive on 4-29-1948.

Immediate cause of death	Duration
Uremia	
Due to Pyelonephritis	14yr+
Due to Bilateral Nephrolithiasis	14yr+
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Perry B. Ludon M. D.

Address Johns Hopkins Hosp. Date signed 4/29/48

VS 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

662716 Registered No. 111B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BROOKLYN 1 MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 4147 Hyden Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Virginia Evans

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Wm. H. EVANS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 30, 1890

8. AGE: Years 57 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace RICHMOND, VA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER — 12. Name JOSEPH E. BROWN
13. Birthplace UNKNOWN

MOTHER — 14. Maiden Name [illegible] ALLY
15. Birthplace UNKNOWN

16 (a) Informant MR. WM. H. EVANS - (HUSBAND)
(b) Address 4147 HYDEN COURT - BROOKLYN 1, MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location BALT

18 (a) Funeral director WM. J. TICKNER & SON
(b) Address BALTO MD

19 (a) APR 29 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 8 15 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Reed M.D. Medical Examiner.
Date signed 4/29/48

062717 062717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2723 THE ALAMEDA
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 THE ALAMEDA (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD B. HENDERSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: LUCIE GERTRUDE HENDERSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 23, 1867

8. AGE: Years 80 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name HENRY C. HENDERSON
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant MR. RICHARD E. HOOK
(b) Address 906 GREENLEIGH RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory BALTO. CEM.
Location BALTO. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTIMORE

19 (a) APR 29 1948 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1946 to Apr. 1948 and that I last saw him alive on 27 Apr. 1948

Immediate cause of death: Pulmonary Embolus — Duration: 1 day

Due to: Gangrene Rt. Leg. — 2 days

Due to: Arteriosclerotic Degenerative Cardiovascular disease — 1 yr.

Other Conditions: Chronic Nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 2200 Linford Rd. Date signed 29 Apr 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ G62718 Registered No. 46E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount Ave.
(c) Hospital or institution:
Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 173 King George St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Weinstein, Mr. Wolf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rose Weinstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22. 1877

8. AGE: Years 70 | Months 4 | Days 8 6 | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Fruit Marketer

11. Industry or business Fruit

FATHER
12. Name Weinstein, Harold
13. Birthplace Russia

MOTHER
14. Maiden Name Zaigerman, Goldie
15. Birthplace Russia

16 (a) Informant Mrs. Rose Weinstein wife
(b) Address 173 King George St. Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-48 (month) (day) (year)
(c) Cemetery or crematory Chelsea, Mass
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 216 Eutaw Place

19 (a) MAY 29 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1948 to 4-28 1948.
and that I last saw him alive on 4-28 1948.

Immediate cause of death: Cardiac failure — Duration: 20 days
Due to: /
Due to:
Other Conditions: Pulmonary edema, Auricular fibrillation — 2 days
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: Lacerations of Liver with retention to brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. W mother
Address Church Home + Hosp Date signed 4/29/48

X

2/ 662719

BALTIMORE CITY HEALTH DEPARTMENT ✓ 662719 Registered No.

CERTIFICATE OF DEATH 47c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 E. Fairmount Ave.
(c) Hospital or institution: 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
3
(d) Street No. 2123 E. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna Krawczyk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Adam Krawczyk | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2-1864

8. AGE: Years 84 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Zinkowan
13. Birthplace Poland

MOTHER
14. Maiden Name Zinkowan
15. Birthplace Poland

16 (a) Informant Mrs Bertha Zaraniewski
(b) Address 2615 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk, Md.

18 (a) Funeral director Thos. J. Connolly
Address 418 Eastern Ave. Bodt Washington Boulevard

19 (a) APR 29 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1948, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1947 to April 28 1948
and that I last saw h.e.r. alive on April 28 1948

Immediate cause of death PULMONARY EDEMA — Duration 4/28/48

Due to BRONCHOGENIC CARCINOMA — SEPT. 1946

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

J. DRENGA, M.D.
23. Signature F. Drenga M. D.
Address 209 N. Eutaw St. Date signed 4/29/48

VS 150

3/ G62720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 65B

G62720 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 26-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Eaton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Ballenger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1883

8. AGE: Years 65 | Months 12 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Ballenger
13. Birthplace Ohio

MOTHER
14. Maiden Name Kelly O'Grady
15 Birthplace Iceland

16 (a) Informant Mrs. Bayly Ahlers
(b) Address 116 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John P. Connelly
(b) Address 418 Eastern Ave.

19 (a) Interring Town Williamsport Md. (Date received by registrar)

APR 29 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1948 to April 26 1948 and that I last saw him alive on 4-26 1948.

Immediate cause of death Pneumonia — Duration 1 week
Due to pseudo septicemia
Due to
Other Conditions Old myocardial infarction
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Rec'd Hypostatic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Schmitzberger M. D.
Address Mercy Date signed 4-26-48

X

G62721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G62721 ✓ X

Registered No. 8313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Emory (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Poplar Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Bangs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Laura V. Bangs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1865

8. AGE: Years: 83 | Months: 3 | Days: 22 | If less than one day: hr. min.

9. Birthplace Phila., Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired

MOTHER / FATHER

12. Name Unknown

13. Birthplace "

14. Maiden Name "

15. Birthplace "

16 (a) Informant Catherine Spangler

(b) Address 211 Poplar Rd. Emory

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-48 (month) (day) (year)

(c) Cemetery or crematory Mouland Park

Location Taylor & Cor

18 (a) Funeral director John G. Connelly

(b) Address 417 Eastern Ave. City

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 6:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1947, to April 28 1948, and that I last saw h[illegible] alive on April 24 1948

Immediate cause of death: Cerebral Thrombosis — Duration: 5 months

Due to: ARTERIO SCLEROSIS — 15 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature Norman R. Kleeman M. D.

Address 3813 Edmondson Ave. Date signed May 9/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G627722 92B

G627722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cayuga & Oakland
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Dunlaven Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Skinner

3 (b) If veteran, name war

3 (c) Social Security Account No. 191-10-7007

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sadie R. Skinner

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 29 1897

8. AGE: Years 50 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Brooklyn N.Y. (Town, county, and state)

10. Usual Occupation Welding

11. Industry or business Engineer

FATHER 12. Name James E Skinner
13. Birthplace England

MOTHER 14. Maiden Name Maud Cleary
15. Birthplace England

16 (a) Informant Sadie E Skinner
(b) Address 2808 Dunlaven Court

17 (a) Removal (b) Date thereof 4-30 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Central Dolly Cem.
Location Central Dolly Ln Dundalk

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Eastern Ave

19 (a) 1948 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 April 1948, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 28 Apr 1948 to 29 Apr 1948 and that I last saw h alive on 29 April 1948.

	Duration
Immediate cause of death Cardiac Failure	
Due to Pneum. L. Dis.	
Due to Cardiac Enlargement	
Due to Mitral Stenosis	
Other Conditions Pos. Embolic Phen.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address West Baltimore Gen. Hosp. Date signed 4/29/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G62723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 E. Fort Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Tillie E. Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William F. Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/20/1879

8. AGE: Years 69 | Months - | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Michael Kern
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Vernon L. Johnson
(b) Address 827 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory Lauden Park
Location

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave

19 (a) (Date received) (b) Registrar

APR 29 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1948, at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1947, to 4-26 1948, and that I last saw him alive on 4-25 1948.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	6 mos.
Due to Arteriosclerosis	24 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Sellod M. D.
Address 707 Fort Ave. Date signed 4-27-48

VS 150

X

G62724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

G62724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1365 Andre St.
(c) Hospital or institution: 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1365 Andre St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gnanicc

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jacob Gnanicc
(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1892

8. AGE: Years	Months	Days	If less than one day
53	6	15	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business Canning work

FATHER
12. Name Frank Demske
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Jacob Gnanicc
(b) Address 1365 Andre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location B.A.Co.

18 (a) Funeral director Clarke T. Dell
(b) Address 1501 E. Fort Ave

19 (a) 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26/1941 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to 4/26/1941 and that I last saw her alive on 4/26/1941

Immediate cause of death	Duration
Carcinoma of	1 year
Due to Lung / pleura	
Due to stated from Ca of Right Kidney	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 132 Pleasant St Date signed 5/1/41

VS 150

G627725 BALTIMORE CITY HEALTH DEPARTMENT G627725
CERTIFICATE OF DEATH 477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 126 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Sulphur Springs Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK, William Joseph

3 (b) If veteran, name war	3 (c) Social Security Account No.
Phillipine War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Lillian Stielper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1882

8. AGE: Years	Months	Days	If less than one day
66	-	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation unknown - now retired
11. Industry or business -

FATHER
12. Name FREDERICK, Robert
13. Birthplace Germany

MOTHER
14. Maiden Name MEYD, Gertrude
15. Birthplace Germany

16 (a) Informant Records
(b) Address U S Marine Hospital

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 / 48 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE NATIONAL
Location FREDERICK ROAD.
18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST -30
19 APR 29 1948 (Date rec'd by registrar) Director for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1948 at 4:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1947 to April 27, 1948 and that I last saw him alive on April 27, 1948

Immediate cause of death Carcinoma, right lung with metastasis to regional lymph nodes and sternum — Duration: unknown
Error 2-Bronchopneumonia, bilateral — Duration: about one week
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surg. M. D.
Address Clinical Director Date signed

VS 159

G62726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G62726 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 N Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1888

8. AGE: Years	Months	Days	If less than one day
59	10	26	hr. min.

9. Birthplace Chesterfield Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Hall
13. Birthplace Chesterfield Md

MOTHER
14. Maiden Name Mr Knew
15. Birthplace

16 (a) Informant Myrtle E. Boney
(b) Address 323 N Carrollton Ave

17 (a) Burial (b) Date thereof 12-1-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto

18 (a) Funeral director Samuel M. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) (b)
(Date rec'd by Registrar) Registrar

Huntington Hollins

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948 to 4/27 1948, and that I last saw h[illegible] alive on 4/27 1948.

Immediate cause of death	Duration
Hypertensive C-V Disease	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Paxton Hart M.D.
Address 1614 Division Date signed 4/29/48

X

G62727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G62727
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Clyde Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada O. Pingree

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6844

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband ~~or wife~~ LOGAN W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 10, 1883

8. AGE: Years 64 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Frank Anderson

13. Birthplace Balto. Md.

14. Maiden Name Helen Carig (CARRICK)

15. Birthplace Balto. Md.

16 (a) Informant MRS LEO TRASHER

(b) Address 204 CLYDE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 30 '48 (month) (day) (year)

(c) Cemetery or crematory LOUDAN PARK

Location 3801 FREDERICK AVE

18 (a) Funeral director Harry H Wetzler

(b) Address 4101 Edmondson ave

19 (a) (Date received by Registrar) (b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 19 48 at 12.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 19 48 to 4/27 19 48.
and that I last saw her alive on 4/27 19 48

Immediate cause of death Massive Abscess left abdominal wall & left chest wall. | Duration

Due to Breakdown of Closed Mikulicz Colostomy left

Due to Carcinoma Sigmoid Colon

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 28 Feb 48

Major findings of operation: Carcinoma Sigmoid Colon

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address W. E. Grath Date signed 27 Apr. 1948
St Agnes Hosp

G62728 G62728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

637

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Dameron
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Virginia~~ (b) County Pike County
(c) City or town Kentucky Mc Andrews
(If outside city or town limits, write RURAL and give town)
(d) Street No. ——
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ROSE EARLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife James Parley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-24-1869

8. AGE: Years 46 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation housework

11. Industry or business none

FATHER
12. Name John Taylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Davis
15. Birthplace Virginia

16 (a) Informant ~~[illegible]~~ Elbert Farley
(b) Address Kentucky

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/48 (month) (day) (year)

(c) Cemetery or crematory Taylor
Location Stone Kentucky

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St.

APR 29 1948
(Date rec'd by registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1948 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31- 1948 to 4-28- 1948 and that I last saw her alive on 28 April 1948

Immediate cause of death Post operative asphyxia — Duration

Due to Thyroidectomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 28 April 1948

Major findings of operation: enlarged thyroid gland

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Fisher M. D.
Address Church Home Date signed 4-29-48

G62729 BALTIMORE CITY HEALTH DEPARTMENT ✓ G62729
Registered No.

CERTIFICATE OF DEATH 164a

Every item of information should be carefully supplied. The write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 E FORT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 E. FORT. AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH. W. RUFF

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ROSE RUFF
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) AUG. 27-1899

8. AGE: Years	Months	Days	If less than one day
48	8	0	hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)
10. Usual Occupation BAKER
11. Industry or business SELF

FATHER
12. Name JOSEPH RUFF
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant ROSE RUFF (WIFE)
(b) Address 502 E FORT AVE

17 (a) BURIAL (b) Date thereof 4-30-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co.

18 (a) Funeral director Bernard C Harlan
(b) Address 131 E West St

APR 29 1948 (a) (b) Wilkins MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL - 27 1948, at 7:25 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to hanging

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-27-48 at ? A M.
(b) Where did injury occur? 502 E. Fort Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? —
(d) Means of injury Hanged himself with rope from rafter in attic

23. Signature [signature] M.D.
Medical Examiner.
Date signed 4-27-48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

662730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 BAKER ST.
(c) Hospital or institution: — 16 —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 BAKER ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES B. FIELD

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-2854

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife GERTRUDE FIELD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 24, 1871

8. AGE: Years	Months	Days	If less than one day
77	1	4	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation WESTERN MD. DAIRY
11. Industry or business RETIRED

FATHER
12. Name JOHN A FIELD
13. Birthplace PROVIDENCE, R.I.

MOTHER
14. Maiden Name CATHERINE GOFORTH
15. Birthplace BALTIMORE, MD.

16 (a) Informant GERTRUDE FIELD
(b) Address 3036 BAKER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory LOUD RIDGE
Location PIKESVILLE, MD.

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTIMORE, MD.

19 (a) 1948 APR 29 (b) Received by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948; at 2 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/48 19 to 4/28/48 19, and that I last saw him alive on 4/27/48 19

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to General Arterio-Sclerosis	Slow
Due to	
Other Conditions Gangreen of toes 3 wks	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Culverhouse M.D.
Address 1901 Eutaw Place Date signed 4/28/48

J. B. Culverhouse M.D.

G62731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G62731 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4629 Schenley Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Rohr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-3800

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Mrs. Charles H. Rohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1880

8. AGE: Years	Months	Days	If less than one day
67	5	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Vice Pres, Morgan & Rohr Co.
11. Industry or business

FATHER
12. Name George W Rohr
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester L Naylor
15. Birthplace Maryland

16 (a) Informant Mr. Jack V Rohr (Son)
(b) Address 321 Fittings Ave, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-1948 (month) (day) (year)
(c) Cemetery or crematory Dr. Marie (Frampton)
Location Baltimore, Md.

18. (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

APR 29 1948 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1948 to April 28 1948, and that I last saw him alive on April 28 1948.

Immediate cause of death: Cerebral hemorrhage — Duration 12 days

Due to

Due to

Other Conditions hypertensive cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Freeman Jr. M.D.
Address Union Memorial Hosp. Date signed April 28, 48

83a

G62732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G62732 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laynes + Dukeland -
(c) Hospital or institution: West Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3739 Keswick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Frank L. Adams.

3 (b) If veteran, name war: Spanish - American
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Grace A. Adams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 16-1872
8. AGE: Years 75 Months 5 Days 17 If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Pres. Diamond Cab Co.
11. Industry or business Retired 8 years
FATHER 12. Name George C. Adams
13. Birthplace Conn.
MOTHER 14. Maiden Name Hannah M. Snow
15. Birthplace Conn.
16 (a) Informant Mrs. Grace A. Adams
(b) Address 3739 Keswick Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1- 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Md.
18 (a) Funeral director Dugan Funeral Home
(b) Address 3631 Falls Road
19 (a) (Date received by registrar) Huntington Williams M.D.

APR 29 1948

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1948 at 5:43 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 28 April 1948 to 28 April 1948
and that I last saw h / m alive on 28 April 1948
Immediate cause of death Respiratory Failure + Pneumonia
Due to Bilateral Hydrothorax
Due to Atelectasis, left lung + Lower Lobe Aspiration Pneumonia, left
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Peter A. Hall Jr. M.D.
Address West Balt. Gen Hosp Date signed 4/29/48

110 13

C62733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C62733

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2538 Calverton Hgts. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2538 Calverton Hgts. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella A. Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George A. Snyder

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12. 1860

8. AGE: Years	Months	Days	If less than one day
88	2	15	hr. min.

9. Birthplace Montgomery Co. Co. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Pabbitt
13. Birthplace Montgomery Co. Md

MOTHER
14. Maiden Name Elizabeth Baker
15. Birthplace Montgomery Co. Md

16 (a) Informant Mrs Mabel E. Cost
(b) Address 2321 W. Fayette St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location

18 (a) Funeral director John C. Malley Sons
(b) Address 2435 E. Oliver St

19 1948 (Date rec'd by registrar) Clayton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 19 to Apr 27 1948, and that I last saw her alive on Apr 27 19 48.

Immediate cause of death	Duration
Cardio vascular hypertension disease	6 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Todd M. D.
Address 2108 St Paul St Date signed 4/28/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G62734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 N. Calvert St.
(c) Hospital or institution: 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MARY Roberts

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 17, 1871

8. AGE: Years 77 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Hargord Co. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Wm. G. Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Butler
15. Birthplace Md.

16 (a) Informant Elizabeth Roberts
(b) Address 301 E. #31 st.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 1. 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemy.
Location Bal Air Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) APR 29 1948 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1930 to April 29 1948 and that I last saw h alive on 19

Immediate cause of death	Duration
Gastric hemorrhage - Gen'l Arteriosclerosis	1 mos.
Due to Carcinoma of Head of Pancreas ?	
Due to	
Other Conditions Jaundice - Obstruction due to metastasis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Carcinoma of Pancreas
of autopsy: Metastasis & Cirrhosis, nodular

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. H. Moody M. D.
Address 1403 Park Ave. Date signed 4-29-48

X

062735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 062735

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Annabel Ave
(c) Hospital or institution: 754
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Annabel Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James M. Benson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-3983

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Benson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5- 1874

8. AGE: Years 73 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Foreman

11. Industry or business National Enamel & Stamping Co.

FATHER
12. Name Wm Benson
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Kreck
(b) Address 600 Annabel Ave 25

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Geo Ritchie Highway

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St

APR 29 1948 (a) (b)
(Date rec'd by registrar) Harrington-Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1945, to 4/28 1948 and that I last saw he alive on 4/28 1948.

Immediate cause of death	Duration
Diffuse Cerebral Hemorrhage with Cerebral Softening	3 wks
Due to Arterio-Sclerotic Cardio-	?
Due to Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Lubin M. D.
Address 320 Patapsco Date signed 4/29/48

X

662736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83B

Registered No. 662736

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 S. Augusta Ave.
(c) Hospital or institution: 20-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 S. Augusta Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Burke Joseph Rauck

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-16-3518

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia Emma Rauck

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 17, 1872

8. AGE: Years 76 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Paper Hanger
11. Industry or business: Retired

FATHER
12. Name Ludwig Rauck
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15 Birthplace Germany

16 (a) Informant Amelia Emma Rauck
(b) Address 139 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Lunge L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948 at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan., 1941, to 29 April 1948; and that I last saw it alive on 19

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Pulmonary edema	7 days
Bronchiectasis	20 yrs
Due to: Cerebral Thrombosis	6 wks
Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Boyles M.D.
Address 1701 Wilkens Ave. Date signed 4/30/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G62737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. MONTFORD AVE
(c) Hospital or institution: 8-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. MONTFORD AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PASQUALE MARTINI

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: COSTANTINA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 3 1881

8. AGE: Years 67 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Petelia Policastro Italy (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Costantino Martini
13. Birthplace Italy

MOTHER
14. Maiden Name Serafina
15. Birthplace Italy

16 (a) Informant Costantina Martini
(b) Address 1109 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd Baltimore

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monkey St.

19 (a) APR 30 1948 (Registered number) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/48 19 at 6:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948, to 4/27 1948, and that I last saw him alive on 4/27 1948

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to	
Due to	
Other Conditions, Parkinsons Disease	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Baum M. D.
Address 1501 N. Milton Ave Date signed 4/29/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62738 48-08757 BALTIMORE CITY HEALTH DEPARTMENT G62738

CERTIFICATE OF DEATH 157a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Mc Elderry Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ricks (397449)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/21/48

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 15 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Bolden Ricks
13. Birthplace Arkansas

MOTHER
14. Maiden Name Leola Oliver
15. Birthplace Arkansas

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 APR 30 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1948, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21, 1948 to April 21, 1948 and that I last saw him alive on April 21, 1948

Immediate cause of death Baby died about one hour post partum-Never breathed. Hemorrhage, intra cranial

Due to Non-communicating hydrocephalus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Newton Long

Address The Johns Hopkins Hospital Date signed 4-22-48

VS 150

G62739 48-08750 BALTIMORE CITY HEALTH DEPARTMENT G62739
Registered No.

CERTIFICATE OF DEATH 161a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Mc Elderry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy White (314894)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/48

8. AGE: Years	Months	Days	If less than one day
0	0	0	19 hr. 20 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Rogers
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Bessie White
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital Records
(b) Address The Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948 at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1948, to April 23 1948, and that I last saw him alive on April 23, 1948

Immediate cause of death	Duration
Asphyxia neonatorum	
Due to Cerebral edema	
Due to Maternal Contracted pelvis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Newton Long M.D.
Address The Johns Hopkins Hospital Date signed 4-23-48

VS 150

G62740 G62740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

State Anatomical 183a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians:—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2-2
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 241 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Helfan Petterson
3. (b) If veteran, name war
3. (c) Social Security Account No.
4. Sex male
5. Color or race White
6. (a) Single, married, widowed, or divorced.
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-17-02
8. AGE: Years 46 Months 2 Days 19 If less than one day hr. min.
9. Birthplace Norway (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? unkown
13. Birthplace

MOTHER
14. Maiden Name ? Unkown
15. Birthplace

16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 14, 1948
18. (a) Funeral director Commissioner of Health
(b) Address
19. (Date rec'd by registrar) APR 30 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1948 at 1-45 M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-12- 1948 to 4-6- 1948 and that I last saw h alive on 4-6- 1948.

	Duration
Immediate cause of death: Gastro-Intestinal Hemorrhage	6 days.
Due to: Sub-dural Hematoma ?	3 wks
Due to:	
Other Conditions: Aspiration Pneumonia (Include pregnancy within 3 months of death)	

Date of operation Mar 13, 1948
Major findings of operation: Sub-dural Hematoma Right
of autopsy: Complete Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Arthur B Kerr
Address Johns Hopkins Date signed 4/12/48

VS. 153

G66741 STATE Anatomical

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 93D

Registered No. G66741

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Wallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 12-27-79

8. AGE: Years 68 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Factory Worker

11. Industry or business

FATHER 12. Name Sam Williams

13. Birthplace S. C.

MOTHER 14. Maiden Name Adaline Mason

15. Birthplace S. C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School APR 16, 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 20 1948 (Date rec'd by registrar) Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1948, at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 7 1948 to Apr. 9 1948 and that I last saw him alive on Apr 9 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to Arteriosclerotic cardio Vascular disease	?
Due to	
Other Conditions Emphysema — Chronic Bronchitis (Include pregnancy within 3 months of death)	?

Date of operation

Major findings of operation: None

of autopsy: Complete Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.

Address Johns Hopkins Hosp Baltimore Md Date signed 3/15/50

VS 130

G62742

BC-48-095/13

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G62742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~[illegible]~~ 15-1
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Leslie St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Burgess

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-48

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Joseph Hargrave
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Doris Marian Burgess
15. Birthplace Balto Md

16 (a) Informant Doris Burgess
(b) Address 1527 Leslie St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 28, 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 30 1948 Huntington Williams M.D.
(Date rec'd by registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1948 at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1948 to 4-26 1948 and that I last saw her alive on 4-25 1948.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John H Lasser M. D.
Address University Hospital signed 4-27-48

X

C62743 VP-07247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30F

Registered No. C62743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 18-W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 N. arlington ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amber Beverage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 4/9/48

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Freddy Beverage
13. Birthplace Md.

MOTHER
14. Maiden Name Hester Conyers
15. Birthplace Md

16 (a) Informant Hester Conyers
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 28, 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 30 1948 (Date rec'd by registrar) Health Officer, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-48 19 , at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 19 to 4-23 19 , and that I last saw h.c.v. alive on 4-23 19 48.

Immediate cause of death	Resp. failure	Duration
Due to	Circulatory failure	
Due to	Toxemia due to Congenital Syphilis	
Other Conditions	& prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Hahn M. D.
Address Univ. Hosp. Date signed 4-23-

VS 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195c

Registered No. 662744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 95
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1447 Homestead St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) **FULL NAME** Bertha E. Meyers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Louis L. Meyers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/20/68

8. AGE: Years	Months	Days	If less than one day
79	5	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederic Riehl
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Lashack
15. Birthplace Germany

16 (a) Informant Olga C. Von Bitten
(b) Address 1706 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. & Mrs. John N. Teufel & Son
(b) Address 531 Edmondson Ave.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington-Williams, M

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/48 19 , at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1948 to 4/27 1948, and that I last saw her alive on 4/27 1948.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Coronary sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. B. Leath M.D. M. D.
Address Mercy Hospital Date signed 4/27/48

662745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 777

Registered No. 662745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4-N
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 W Fayette St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 55 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Unknown

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School APR 20, 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1948, at 6:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Malnutrition

Due to

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Carl L Ryan M.D. Medical Examiner.

Date signed 4-1-48

VS 151

662746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1702

Registered No. 662746

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB BABES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race X Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 78 Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 19, 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 30 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6 1948, at 4 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured ribs, left.
Hemothorax, left.
Atelectasis of left lung.
Fractured left humerus.

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 3/31/48 4-01 P.M.
(b) Where did injury occur? St Paul St & Wilkens Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO
(d) Means of injury Ped. struck by auto

23. Signature Thomas S. Merrill M.D.
Medical Examiner.
Date signed 4/5/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

062747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 062747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Desmond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Nina HILL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 19, 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 30 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948, at 5^10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ or accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Obesity.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George W. Merrill M.D. Medical Examiner.

Date signed 4/5/48

VS 151

662748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662748

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Buren St.
(c) Hospital or institution: Baltimore City Jail 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 108
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City xxxxx Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Sharp St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name Unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School APR 27 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 APR 30 1948 Huntington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17-48 19 , at 4:P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 19 48 to Apr. 17 19 48 and that I last saw h 1m alive on Apr. 17 19 48

Immediate cause of death Cardiac Insufficiency — Duration

Due to Myrocarditis

Due to Senile Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas F. Ulrich M. D.

Address 801 Buren St. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

062749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/13

062749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Richards Ct. (If rural give location)
720 Roberts St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School APR 27, 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 30 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1948, at 1.56 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature George A. Morrill M.D.
Medical Examiner.

Date signed 4-16-48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A62750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. A62750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1755 Montpelier Street
(c) Hospital or institution: 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 Montpelier St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH ANNA FILLING

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George L. Filling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 8, 1880

8. AGE: Years 67 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Henry H. Houseman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Anna Pierson
15. Birthplace: Germany

16 (a) Informant: Mr. Henry D. Filling
(b) Address: 1725 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: [redacted], Pulmonary Embolus — Duration: 1 day
Due to: Heart Failure — Duration: 5 months
Due to: Arteriosclerotic degeneration, Cardio-vascular Disease — Duration: 10 years
Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2056 Hoffman Date signed 2 May 48

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. 662751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Mace Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Otes (JOYCE VIOLA OTES)

3 (b) If veteran, name war-	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 17, 1946

8. AGE: Years	Months	Days	If less than one day
1	9	12	hr. min.

9. Birthplace Essex, Md.
(Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name James Otes
13. Birthplace Clarksburg, W.Va.

MOTHER
14. Maiden Name Doris Hormann
15 Birthplace Essex, Md.

16 (a) Informant Mr. James Otes - father
(b) Address 204 Mace Avenue. - 21

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) APR 30 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1948 to April 29, 1948 and that I last saw her alive on April 29, 1948.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Multiple	
Due to multiple staphylococcic	
and pyogenous lung abscesses	
Due to	
Other Conditions Cystic Fibrosis of the Pancreas	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley H. Steinberg M.D.
Address Louise Knight Date signed 5/3/48

VS 159

114D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G62752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 S. Linwood Avenue
(c) Hospital or institution: 1-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S. Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA HOLTHAUS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife: Henry Holthaus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1868

8. AGE: Years	Months	Days	If less than one day
79	11	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Fischer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elisabeth E. Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John H. Holthaus
(b) Address 3706 Findlay Rd. -8

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE. & BROADWAY

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 27 1948; at 8.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1947 to 4-27 1948, and that I last saw h[illegible] alive on 4-26- 1948

Immediate cause of death	Duration
ARTERIO SCLEROTIC HYPERTENSIVE CARDIO VASCULAR DISEASE.	2-24-47
Due to CEREBRAL HEMORRAGE	4-26-48
Due to	
Other Conditions NONE.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: NONE
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence NONE at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. A. Schumacher M. D.
Address 842 S. East Ave. Date signed 4-27-48

662753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 19 48

Registered No. 662753

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N C (b) County
(c) City or town CHARLOTTE (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROY JOSEPH LETHCO
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1909

8. AGE: Years	Months	Days	If less than one day
39	0	14	hr. min.

9. Birthplace CHARLOTTE, N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER	12. Name Unknown
	13. Birthplace "
MOTHER	14. Maiden Name "
	15. Birthplace "

16 (a) Informant Rev Joseph J Ayd
(b) Address Loyola College
17 (a) Burial, cremation, or removal? (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory Charlotte
Location Charlotte N.C.
18 (a) Funeral director Wilhoit Cole Inc
(b) Address 1745 Cord St
19 (a) APR 30 1948 (Date rec'd by registrar) Kenneth Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1948, at 12 43 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1948, to 4-30 1948, and that I last saw h Lent alive on 4-30 1948.

Immediate cause of death: Fracture 3rd Cervical Vertebra
Due to
Due to
Other Conditions Legal Execution
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

BC-48-10130 662754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 662754

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Tyler Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BABY GIRL DAHL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 4 28 48

8. AGE: Years | Months | Days | If less than one day 15 hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Wm Dahl
13. Birthplace West Virginia

MOTHER 14. Maiden Name Mable Ripley
15 Birthplace Virginia

16 (a) Informant Wm Dahl
(b) Address 1909 Tyler Rd, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Roland L. Fechter
(b) Address 2112 Dundalk Ave.

19 (a) APR 30 1948 (Date received by Registrar) (b) Huntingtown, Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at 7 23 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28, 1948 to April 29, 1948, and that I last saw her alive on April 29, 1948

	Duration
Immediate cause of death: Cerebral anoxia	
Due to: Aspiration of meconium	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley H. Steinberg M.D.
Address Sinai Hospital Date signed 4/29/48

X

G62755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G62755 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St 10-1
(c) Hospital or institution: Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lawler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1879

8. AGE: Years	Months	Days	If less than one day
68	4	22	hr. min.

9. Birthplace Wanchow, Chunk, Kan (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thos. Lawler

13. Birthplace

MOTHER 14. Maiden Name Anna Harkins

15. Birthplace

16 (a) Informant Lillie Sides Daughter

(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1948 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Ryan Winefield

(b) Address 900 East Biddle St

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1948, to April 28 1948 and that I last saw h. alive on Apr. 28 1948

Immediate cause of death	Duration
Edema Lungs	2 days
Due to Chronic Myocarditis	3 yrs.
Due to	
Other Conditions Arterio Sclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M.D.

Address 1631 E. Monument Date signed 4/29/48

VS. 130

X

662756 48-084-4 BALTIMORE CITY HEALTH DEPARTMENT 159 Registered No. 662756

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles St.
(c) Hospital or institution: Hopkins Hospital 36-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Marshall Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Louis Robert Galicki
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-22-48
8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Louis Galicki
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Emma Ann Green
15. Birthplace Morgantown, W. Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo APR 26, 1948

18 (a) Funeral director Commissioner of Health
(b) Address Washington Boulevard

19 (a) APR 26 1948 (By whom filed) Washington Boulevard

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1948, at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1948 to April 24 1948 and that I last saw him alive on April 24 1948.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Coral Gudon M. D.
Address 2201W - northwe Date signed 4-24-48

VS 150

X

BC-48-09508 ✓ 662757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 662757

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Keener.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/20/48 4/18/48

8. AGE: Years | Months | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Preston Murrad
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lelia Keener
15. Birthplace Balto., Md.

16 (a) Informant Lillian Keener - Mother
(b) Address 302 N. Mount St.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 26 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) Date received by Registrar Harrington for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1948, at 9:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1948, to 4/20 1948, and that I last saw her alive on 4/18 1948.

Immediate cause of death	Duration
Generalized septicemia	
Due to Intra-partum infection of Mother.	
Due to	
Other Conditions Premature infant	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Generalized septicemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Lash M. D.
Address Univ. Hosp. Balt. Date signed 4-21-48

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

052758 JL - 114201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered 052758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 14-2
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Harrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1880

8. AGE: Years	Months	Days	If less than one day
67	6	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Reid
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 26 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DD (b) (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1948, at 9.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1947 to April 15 1948 and that I last saw him alive on April 15 1948

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Hunter Jr. M. D.
Address Balto City Hosp Date signed 4-26-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

062759 JL - 116013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered 062759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Granby St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1874

8. AGE: Years	Months	Days	If less than one day
73	5	24	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Charlotte Maggie
15. Birthplace Canada

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 26 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 30 1948 (Date rec'd by registrar) Charlotte Mae Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1948, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19. 1947 to April 15 1948 and that I last saw h im alive on April 15, 1948

Immediate cause of death	Duration
Probable bronchopneumonia bilateral	
Due to	
Due to	
Other Conditions Hypertensive Cardio vascular Disease. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Vanhuff M. D.
Address Balto City Hosp. Date signed April 27

VS 150

107

662760 SL - 117954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 662760

MARGIN RESERVED FOR BINDING - PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 26-1
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home Address (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1886

8. AGE: Years	Months	Days	If less than one day
61	8	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George VanHorn
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Yoh
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 26 1948

18 (a) Funeral director
(b) Address Commissioner of Health

19 (a) APR 20 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1948, at 4.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1948, to April 15, 1948, and that I last saw h.er alive on April 15, 1948

Immediate cause of death: Bronchopneumonia — Duration: 1 wk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William M. Straight M. D.
Address Balto City Hosp Date signed 4/21/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

62761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

Registered No. 62761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 79 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Warsaw, Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Date
13. Birthplace Va

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Va

16 (a) Informant T. Alexander Date
(b) Address 808 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or Crematory Mt. Auburn
Location Baltimore - Md

18 (a) Funeral director Mrs. Francis A. Kenny
(b) Address 518 W. Biddle St.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 5:35 P.M.

21. I certify that I took charge of the remains described above, held an inquest & inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L. Rye M.D. (Medical Examiner)
Date signed 4-29-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

662762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. 662762

662762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 211-D West 151st Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME DELANEY, Matthew

3 (b) If veteran, name war —

3 (c) Social Security Account No. 112-03-4657

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Alma Gibson Delaney
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1889

8. AGE: Years 59 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Brunswick, Ga. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Seafarer

FATHER
12. Name Matthew Delaney
13. Birthplace Ireland

MOTHER
14. Maiden Name Bessie Beard
15. Birthplace Brunswick, Ga.

16 (a) Informant Records
(b) Address U S Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 412 E. Preston St.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Entering for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1948, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21, 1948 to April 28, 1948, and that I last saw h[illegible] alive on April 28, 1948.

	Duration
Immediate cause of death Duodenal obstruction, partial, due to carcinoma of esophagus, metastatic to pancreas and peri-aortic lymph nodes	About 2 weeks
Antecedent causes 2- Atelectasis, left lower lobe	About 2 weeks
Other significant conditions 3- Diaphragmatic hernia, post-operative	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
Address John L. Wilson, Sr. Surgeon Clinical Director signed 4-29-48

VS 139

662763

662763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 198

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 964 Forest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Millwood (If outside City or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Pilgrim Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-15

8. AGE: Years	Months	Days	If less than one day
32	4/10	15	hr. min.

9. Birthplace Millwood, Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Jackson
13. Birthplace So. Carolina

MOTHER 14. Maiden Name Carrie C. Knight
15. Birthplace Georgia

16 (a) Informant Deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-48 (month) (day) (year)
(c) Cemetery or crematory Cherry Hill
Location Elkridge Maryland

18 (a) Funeral director Rayner Snyder
(b) Address 1412 E. Preston St

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1948 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1947 to 4-30 1948, and that I last saw h. alive on 4-30 1948.

Immediate cause of death Fracture 4th Cervical Vertebrae

Due to Legal Execution

Due to

Other Conditions Laceration of throat (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Hanging

23. Signature Henry H. Holtzes M. D.
Address Md. Penitentiary Date signed 4-30-48

X

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62764 — 1937 — Registered 62764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Ellamont St
(c) Hospital or institution Lenbluth Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15y
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Carlisle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Robert Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Junk Business

11. Industry or business

FATHER
12. Name Isadore
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Morton Gurney
(b) Address 3490 Auchentoroly Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-48 (month) (day) (year)
(c) Cemetery or crematory B'nai Israel
Location Norfolk Va

18 (a) Funeral director Jack Levin Inc
(b) Address 2100 Eutaw Place

19 (c) APR 30 1948 (Date rec'd by registrar) Tomlinson Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-1948 at 1220 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1948 to April 28 1948 and that I last saw him alive on April 26 1948

	Duration
Immediate cause of death: Cardiac insufficiency	1 hr
Due to: Arteriosclerotic Coronary thrombosis	3 mos?
Due to: A-S Heart Disease	indefinite
Other Conditions: Cerebral v. Gen'l Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Cohen M. D.
Address 5901 Park Heights Ave Date signed 4-29-48

662765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 662765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Mc Henry St
(c) Hospital or institution: 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Mc Henry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE C. THARLE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: ?

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10- 1896

8. AGE: Years 52 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Richard Tharle
13. Birthplace Balto Md

MOTHER
14. Maiden Name Matilda Jones
15. Birthplace Md

16 (a) Informant Stella M. Tharle
(b) Address 1519 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3- 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Jos. B. M. Walter & Co.
(b) Address Baltimore Md

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1948, to April 28 1948, and that I last saw him alive on April 1948

Immediate cause of death	Duration
cerebral Hemmorrhage	24 Hours
Due to status Epilepticus	24 Hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Nathan Kaeuser M. D.
Address 206 S. Gilmor St. Date signed 4.29.48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

662766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1626

Registered No. 662766

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 Old Frederick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town, write RURAL and give town)
(d) Street No. 3700 Old Frederick Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A. Dean

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm H. Dean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30- 1866

8. AGE: Years 81 | Months 6 | Days 19 28 | If less than one day hr. min.

9. Birthplace Kent Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James H. Meeking
13. Birthplace Kent Co. Md

MOTHER
14. Maiden Name Martha J. Reed
15. Birthplace Dover Delaware

16 (a) Informant Daniel W. Dean
(b) Address 3700 Old Frederick Rd

17 (a) Burial (b) Date thereof May 1-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westend Cem
Location Balto Md

18 (a) Funeral director Roll Co B. M. Walker
(b) Address Pratt & Stricker Sts

19 (a) APR 30 1948 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 2 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5, 1948 to Apr 28 1948, and that I last saw her alive on Apr 27, 1948;

Immediate cause of death	Duration
Myocardial Failure.	
Due to	
Due to	
Other Conditions Senility.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hope E. Shannon MD
M. D.
Address 5 E 39 St Balto Md Date signed 4/29/48

662767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 662767

B2-48-05643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N Grove St.
(c) Hospital or institution: University Hosp. 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Wilmer (David Douglas Wilmer)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: Wh.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) March 6 1948

8. AGE: Years 0 | Months 1 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jerome Wilmer
13. Birthplace Virginia

MOTHER
14. Maiden Name Anne Stull
15. Birthplace Talbot Co. Md.

16 (a) Informant Mrs. Wilmer-parents
(b) Address 2708 N Calvert St.

17 (a) Burial (b) Date thereof 4-30-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Timonium

18 (a) Funeral director Stewart & Mowbray
(b) Address 108 W Mulberry

19 (a) APR 30 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-48 19 , at 3:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-48 19 , to 19 , and that I last saw h/ him alive on 4-29-48 19 .

Immediate cause of death	Duration
Resp. failure	
Due to Premature baby	
Due to atelectasis Rt lung	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Holm M. D.
Address University Hosp. Date signed 4-29-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

X

662768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

662768 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial 13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 22 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3862 Falls Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Dalton Schaffer.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 7, 1939 1938
8. AGE: Years 9 Months 7 Days 20 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name of FATHER: Alfred Thomas Schaffer
13. Birthplace of FATHER: Baltimore
14. Maiden Name of MOTHER: Clara Eck.
15. Birthplace of MOTHER: Baltimore Md.
16 (a) Informant: Guy E. Urbaugh.
(b) Address: 3962 Falls Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville.
18 (a) Funeral director: Paul E. Shenouth Jr.
(b) Address: 846-17 Chestnut Ave.
19 (a) APR 30 1948 (Date rec'd by registrar) (b) Registration No. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28. 19 48, at 4.40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1948, to 4-28 1948, and that I last saw him alive on 4-28 1948.
Immediate cause of death Uremia due to acute glomerulonephritis
Duration 4 mos 26 d.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dalton E. Clemen M.D.
Address Union Memorial Date signed 4/28/48

VS 130

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

Registered No. 62769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3528 Poole St.
(c) Hospital or institution: 13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 Poole St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane Ward.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph Ward.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1859

8. AGE: Years 89 | Months - | Days 29 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Edgar L. Ward.
(b) Address 3528 Poole St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1948 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden.

18 (a) Funeral director Paul E. Schwandtke
(b) Address 3615-17 Chestnut Ave.

19 (a) APR 30 1948 (Date rec'd by Registrar) Registrar for Baltimore, Md.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1947 to April 29 1948 and that I last saw h.er alive on April 29 1948

Immediate cause of death — Myocardial Insufficiency — Duration 1 day

Due to Cardio-Renal-Vascular Disease — 8 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Milsaac

Address 617 N. 40th Date signed 4/30/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1315 Registered No. 662770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hosp. 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Harview ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Kathryn Beatrice Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife William L. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-1895

8. AGE: Years 52 | Months 9 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Wife.

11. Industry or business

FATHER
12. Name John Lyons
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Grubb
15. Birthplace Md.

16 (a) Informant Wm. L. Smith
(b) Address 3121 Harview Ave

17 (a) Burial (b) Date thereof 5/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Luck
(b) Address 530 Hartford Road
(Signature or Address)

19 APR 30 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1948 at 2 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1948 to 4-28 1948
and that I last saw her alive on 4-28 1948.

Immediate cause of death	Duration
Chronic glomerular nephritis	
Due to	
Due to	
Other Conditions Congestive heart failure	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L May M. D.
Address 1400 N. Caroline Date signed 4-29-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 662771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 N. Eden St.
(c) Hospital or institution: 51
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sallie Ann Smith (Sally)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alfred Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 13 1889

8. AGE: Years 58 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Henry Harris

13. Birthplace Va.

MOTHER 14. Maiden Name Vinnie —

15. Birthplace Va.

16 (a) Informant Father Smith

(b) Address 608 N. Eden St.

17 (a) Shipment (b) Date thereof May 1, 1948 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Smithfield Va.

Location

18 (a) Funeral director Robert H. Young.

(b) Address 1216 N. Caroline St.

19 MAY 1 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1947 to 4-30 1948, and that I last saw h[illegible] alive on April 27 1948

Immediate cause of death	Duration
Acute myocardial degeneration.	—
Due to Hypostatic pneumonia	2 wks
Due to Cerebral thrombosis.	1 yr.
Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature a.e. Cawell M.D. M. D.

Address 171 Ruxton Date signed 4-30-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 662772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7.5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Karwacek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1874

8. AGE: Years 73 | Months 11 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Retired

FATHER
12. Name Joseph
13. Birthplace Bohemia

MOTHER
14. Maiden Name Barbara
15. Birthplace Bohemia

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway

19 (a) APR 30 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death Shock

Due to Mesenteric Thrombosis

Due to Arteriosclerosis

Other Conditions Congestive Heart Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman Mellinkoff, M.D.
Address Johns Hopkins Hosp. Date signed 4-29-48

VS 150

99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

652773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 652773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Elliott (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Joseph A Burt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida May Williams

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 29, 1884

8. AGE: Years 63 | Months 10 | Days 30 | If less than one day .....hr. .....min.

9. Birthplace Phila Pa. (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Childs Restaurant

FATHER
12. Name Joseph
13. Birthplace Wales

MOTHER
14. Maiden Name Not Known
15. Birthplace Wales

16 (a) Informant Ida May Burt
(b) Address 3404 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway

19 (a) APR 30 1948 (Date rec'd by registrar) (b) .....

Registrar

Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/48 19..., 11:15 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at .....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature John R Ivars M.D.
Medical Examiner.
Date signed 4/28/48

662774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 662774

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Lansing St DOA
(c) Hospital or institution: 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits write RURAL and give town)
(d) Street No. 1627 Lansing St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: James H. Allender James Allender

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Margaret A. Trainor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1894

8. AGE: Years 53 | Months 4 | Days 4 5 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation: Highway Dept.

11. Industry or business: City of Baltimore

FATHER
12. Name: Nicholas B.
13. Birthplace: Baltimore Co. Md.

MOTHER
14. Maiden Name: Clara Holland
15. Birthplace: Baltimore Co. Md.

16 (a) Informant: Margaret A. Allender
(b) Address: 1627 Lansing Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or crematory: St. Johns
Location: Long Green Md.

18 (a) Funeral director: Clarence F. Hoffmann
(b) Address: 1639 Broadway.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Funeral Director

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/28 1948 at 5:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bronchopneumonia

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: C. J. O'Donnell M.D.
Medical Examiner.
Date signed 4/29/48

VS 131

G62775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G62775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 ✓
(c) Hospital or institution: West Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Ashburton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME albert Smith — Albert W. Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth M. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 24, 1861 — 4/24/1860

8. AGE: Years 86 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace: Old Sodbury, Eng. (Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business: Retired Clerk Chesapeake Steamship

FATHER
12. Name: John Smith
13. Birthplace: England

MOTHER
14. Maiden Name: Mary Hobbs
15. Birthplace: England

16 (a) Informant: Mrs. William H. Bennett
(b) Address: 18 N. Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Miller Funeral
(b) Address: 4510 Liberty Heights Ave.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1948, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1948 to 4/29 1948 and that I last saw him alive on 4/28 1948.

Immediate cause of death: Cardiac Failure — Duration

Due to: Right Femoral Neck Fracture

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4/28/48

Major findings of operation: Right Femoral neck Fracture

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence 4-20-48 at M
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fell on mat at home

23. Signature: James A. Reed Jr. M. D.
Address: West Balto Gen Hosp Date signed 4/30/48

To be approved by Medical Examiner X
for C. J. Lubinski by Howard F. Maddux, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G62776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 535 S. Paca St
(c) Hospital or institution: 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 S Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bryant Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Carrollton Georgia (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Calvert Distillery

FATHER 12. Name Thomas Johnson
13. Birthplace Georgia

MOTHER 14. Maiden Name Rachas Stier
15. Birthplace Georgia

16 (a) Informant Carenth Johnson
(b) Address 535 S Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

APR 30 1948 (b) Huntington Williams, Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1947 4/27 1948 and that I last saw h[illegible] alive on 4/27 1948

Immediate cause of death Chr. Vul. H.D.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Taylor
Address 1522 Harlem Ave Date signed 7/29/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62777 — BALTIMORE CITY HEALTH DEPARTMENT — G62777 Registered No.

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 17-1
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Callahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1878

8. AGE: Years 70 | Months - | Days 27 | If less than one day hr. min.

9. Birthplace Va. (town, county, and state)

10. Usual Occupation Hod-Carrier

11. Industry or business

FATHER
12. Name Wm. T. Callahan
13. Birthplace Va.

MOTHER
14. Maiden Name Emma F. Robinson
15. Birthplace Va.

16 (a) Informant: Mr. Callahan
(b) Address 1032-N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918-Druid Hill

APR 30 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948, at 10:15 P.M.

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Sapp M.D. Medical Examiner

Date signed April 28, 1948

10.6.A Accident 662778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. 662778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 87
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mingio Guarino - NUNZIO ANTONINO GUARINO.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-3647

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ANNA

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) JANUARY 6 1873

8. AGE: Years 75 | Months 3 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace ITALY (Town, county, and state)

10. Usual Occupation BLACKSMITH

11. Industry or business BALTIMORE BRICK CO.

FATHER
12. Name FRANK GUARINO
13. Birthplace ITALY.

MOTHER
14. Maiden Name ANNA RUSSO
15. Birthplace [redacted], ITALY.

16 (a) Informant [redacted]. FRANK GUARINO
(b) Address [redacted], 1415 N. WOLFE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3 1948 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER CEM.
Location 4200 BELAIR ROAD.

18 (a) Funeral director DIPPEL BROTHERS
(b) Address 1800 E. LOMBARD ST.

19 (a) [illegible] (b) Registrar
(Date received by registrar)

APR 30 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948 to April 29 1948 and that I last saw him alive on April 25 1948.

Immediate cause of death: Carcinomatosis, primary site Unknown, metastases To neck — Duration: More than 3 months (Hospital record)

Due to

Due to

Other Conditions: Cachexia, Secondary To Carcinoma

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mendes M.D.

Address Johns Hopkins Hospital Date signed April 29 '48

Released to Hospital per Howard J. Mendes, M.D.
JOHN R. DAVIS, M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 162779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 N. Fremont Ave
(c) Hospital or institution: 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Hobbs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Magnolia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/15/1905

8. AGE: Years 43 | Months - | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Clinton N. C.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name James Hobbs
13. Birthplace N. C.

MOTHER
14. Maiden Name Fannie Atkinson
15. Birthplace N. C.

16 (a) Informant Portia Sheppard
(b) Address 1309 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
Geo. H. Kelson

18 (a) Funeral director
(b) Address 1303 Presstman St.

19 (a) APR 30 1948 (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/1948 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/1948 to 4/28/1948 and that I last saw him alive on 4/28/1948.

Immediate cause of death TOXICITY

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wayland E. Jones
Address 1306 N. Fremont Ave Date signed 4/30/48 M.D.

WAYLAND E. JONES

F662780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. 662780

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 N. Gilmor Street
(c) Hospital or institution: 16-Y
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Gilmor Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Gray Corbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Winsor Corbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13, 1913

8. AGE: Years	Months	Days	If less than one day
34 85	6	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Mason Gray
13. Birthplace Easton, Maryland

MOTHER
14. Maiden Name Mary Deckson
15. Birthplace Baltimore, Maryland

16 (a) Informant Mason Gray
(b) Address 1213 N. Gilmer Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 1 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Thomas E. Kelsan
(b) [illegible] 1302 Pressman Street

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1948; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 4/29 1948, and that I last saw h[illegible] alive on 4/27/1948.

Immediate cause of death

	Duration
(a) Pulmonary Tuberculosis	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 600 N. Arlington Ave. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

062781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 062781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 Presstman St
(c) Hospital or institution: 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 312 Presstman
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgiana M. Gaddis
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name John Murdock
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta
15. Birthplace Md

16 (a) Informant A. A. Gaddis
(b) Address 2101 McCulloh St

17 (a) Burial (b) Date thereof 5-2-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director Hamilton Jackson
(b) Address 916 Penna Ave

19 (a) APR 30 1948 (b) Funeral Director for Williams, M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1948 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1948 to 4/27 1948
and that I last saw her alive on 4/26 1948

Immediate cause of death: Cerebral Hemorrhage
Paralysis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. M. Gaddis M.D.
Address 734 Dumbarton Rd Date signed 4/27/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ Canby X 662782 Registered No. 1937

662782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Williams Ave
(c) Hospital or institution:
St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Relay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Main St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Canby

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: H. Raymond Canby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8-1904

8. AGE: Years 43 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Love
13. Birthplace Md.

MOTHER
14. Maiden Name Stella K. Lait
15. Birthplace Md

16 (a) Informant H. Raymond Canby
(b) Address St. Denis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Easton Sons
(b) Address Catonsville, Md

19 (a) (b)

APR 30 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1948 at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1948 to 4/29 1948, and that I last saw her alive on 4/29 1948.

Immediate cause of death	Duration
Cardiac Failure	
Cerebral vascular accident	
ft C.V.D.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Slagle Date signed 4/29/48 M. D.

X

G62783 Mid Coff G62783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Residence

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 St. Paul St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martha E. Midkiff

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1887

8. AGE: Years 60 | Months 10 | Days 12 13 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Graduate Nurse

11. Industry or business

FATHER 12. Name George M. Spengler

13. Birthplace Virginia

MOTHER 14. Maiden Name Helen Rebecca Hurn

15 Birthplace Virginia

16 (a) Informant Mrs Anna H. Grove

(b) Address 2938 St. Paul Street Cit

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 30 1948 (month) (day) (year)

(c) Cemetery or crematory

Location Strasburg Va.

18 (a) Funeral director Henry W. Jenkins, Jr.

(b) Address 1 Cullod & Richard Sts

19 (a) ..... (Date received by registrar) (b) Huntington Williams M.D. Registrar

APR 30 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948, at 2 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948, to April 30 1948, and that I last saw Dec. alive on April 30 1948.

Immediate cause of death	Duration
(a) Acute Myocardial Failure	
Due to (b) Myocardial Infarction	
Due to (c) Recent Coronary Occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mortimer Lee Williams M.D.

Address Union Memorial Hospital Date signed 4-30-48

662784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

662784 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 /
(e) Length of stay in Baltimore (yrs., mos., or days) 2 /

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Queen Annes
(c) City or town Centreville (If outside city or town limits, write RURAL and give town)
(d) Street No. Md (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Esther Elizabeth O'Donnell

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Owen O'Donnell
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 9-6-88

8. AGE: Years 59 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William A. Pratt
13. Birthplace Md

MOTHER 14. Maiden Name Sarah Lane
15. Birthplace Md.

16 (a) Informant Owen O'Donnell
(b) Address Queenstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-48 (month) (day) (year)
(c) Cemetery or crematory Stevensville
Location Stevensville Md.

18 (a) Funeral director Dalton Bros
(b) Address Centreville Maryland

19 (a) APR 30 1948 (Date received by registrar) (b) Registrar Warrington Willis, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1948, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1948 to 4-30 1948 and that I last saw h[illegible] alive on 4-30 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to Diabetes Mellitus

Other Conditions Senile Psychosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Pratt M. D.
Address Mercy Date signed 4-30-48

662785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 662785

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1438 Woodall Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Woodall Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anita McIntyre

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James E. McIntyre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1881

8. AGE: Years	Months	Days	If less than one day
67	2	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Andrew J. Seward
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Carie Brown
15. Birthplace Baltimore, Maryland

16 (a) Informant James R. McIntyre
(b) Address 109 E. Gittings Street

17 (a) burial (b) Date thereof May 4, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel County, Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 MAY 1 - 1948 Washington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at 3:20 P.M.

21. I certify that death occurred on the date above stated that I attended deceased from January 46 to April 29 48.
and that I last saw h alive on 19
Immediate cause of death Coronary thrombosis

	Duration
Due to Hypertension	1 hour
Due to Arteriosclerosis	2 yrs
	2 yrs
Other Conditions Diabetes	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
M. D.
Address 1516 Pleasant St. Date signed

VS 150

94a 4 30/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 662786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 W. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1405 W. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Emma A. Marshall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John W. Marshall | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1896

8. AGE: Years 51 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Kreiter
13. Birthplace Germany

MOTHER
14. Maiden Name Annie E. Schwab
15. Birthplace Baltimore, Md.

16 (a) Informant John W. Marshall
(b) Address 1405 W. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Pope St.

18 (a) Funeral director Wm. Cook Son
(b) Address 1217 St. Paul St.

19 (a) MAY 1 - 1948 (Date rec'd by registrar) (b) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948, at 1605 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to April 30 1948, and that I last saw h.e.r alive on April 28 1948.

Immediate cause of death Cerebral Hemorrhage — Duration 5 minutes

Due to Essential Hypertension — Duration 9 yrs

Due to — Duration

Other Conditions

(Includes pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen G. Magruder M. D.

Address 1445 N Gay St Date signed 4/30/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. 162787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave + Dunbar St
(c) Hospital or institution West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Polek

3 (b) If veteran, name war

3 (c) Social Security Account No. 215 07 9419

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ludwika Polek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Bar tender

11. Industry or business

FATHER
12. Name Joseph Polek
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Piasz
15. Birthplace Poland

16 (a) Informant Ludwika Polek
(b) Address 1902 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) May 3 (day) 48 (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1936 Fenton Ave

19 (a) MAY 1 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1948 to 4/28 1948 and that I last saw him alive on 4/28 1948

Immediate cause of death	Duration
Intestinal obstruction	
Due to Carcinoma of Rectum	
Due to	
Other Conditions Bilateral Inguinal Hernia	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature E. Robert Hardy
Address Nat Bet Sam'l Hosp Date signed M. 4/29/48 D.

VS 150

662788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . 13B

Registered No. 662788

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 S. Fremont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Fremont St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Clark Nolan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	col	married

6 (b) Name of husband or wife Charles Nolan
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Baltimore Co. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Butler
13. Birthplace Hartford Co. Md

MOTHER
14. Maiden Name Lizzie Wilson
15. Birthplace Wilmington Delaware

16 (a) Informant Susan Butler
(b) Address 65 Hanover

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 2 48
(month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. Md.
18 (a) Funeral director Walter B. Jones & Son
(b) Address 138 N. Hamilton St.
19 MAY 1 - 1948 Huntington Williams, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948, at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 4/28 1948 and that I last saw her alive on 4/27 1948.

Immediate cause of death Chronic Pulmonary Tuberculosis — Duration 7 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] Dr medical
Address 1111 W Lee St Date signed 4/29/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 662789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 CLIFTON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 PROSPECT ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILHELMINA (MINNIE) PLASSIC

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 21, 1918

8. AGE: Years	Months	Days	If less than one day
29	4 5	7	hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name JOHN PLASSIC
13. Birthplace MD

MOTHER
14. Maiden Name ANNIE ARNOLD
15. Birthplace MD

16 (a) Informant MR JOHN PLASSIC
(b) Address 2934 PROSPECT ST

17 (a) BURIAL (b) Date thereof MAY 1 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MEADOW RIDGE
Location DORSEY MD

18 (a) Funeral director Harry A Weitzel
(b) Address 4101 Edmondson Ave

MAY 1 - 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 28 1948 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1947 to April 28 1948, and that I last saw her alive on April 24 1948

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Gutterman M. D.
Address 2324 Reisterstown Rd Date signed 4/29/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

662790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered 662790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Ellen Windsor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: R. E. Lee Windsor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8. 1874

8. AGE: Years: 74 | Months: - | Days: 20 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Rev. Geo. Hamer
13. Birthplace England

MOTHER — 14. Maiden Name Margaret Grimes
15. Birthplace England

16 (a) Informant R. E. Lee Windsor
(b) Address 317 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry F. Kirkpatrick
(b) Address 4101 E. Monument Ave

19 (a) MAY 1 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1947 to April 28 1948, and that I last saw her alive on 4/28 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 60 hrs.

Due to: Arteriosclerotic Cerebral Vascular Disease

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewar Laughlon M.D.
Address 400 N. Payson St. Date signed 4/29/48

VS 150

662791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 662791

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 FREDERICK AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 FREDERICK AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAULINE T. GEHRINGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOWED

6 (b) Name of husband ~~or wife~~ late CHARLES H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 23, 1876

8. AGE: Years	Months	Days	If less than one day
71	5	6	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation DOMESTIC
11. Industry or business

FATHER
12. Name JOHN LINSENMEYER
13. Birthplace GERMANY

MOTHER
14. Maiden Name —
15. Birthplace GERMANY

16 (a) Informant RAYMOND I GEHRINGER
(b) Address 1210 TEN OAKS RD TOWSON

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE

18 (a) Funeral director Harry C. Wyche
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] 1948 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 29 1948, at 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 2/V 1943 to 4/29 1948, and that I last saw h. alive on 4/26 1948.

Immediate cause of death	Duration
Acute Cardiac Collapse	1 da
Due to Chron. Card. Decomp. Renal Disease	5 yr
Due to Carcinoma of Rt Breast c mets to bone	3 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dwight G Lankenau M. D.
Address 2 W Washington Ave Date signed 4/30/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

052792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. 052792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife late John Boone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1879

8. AGE: Years	Months	Days	If less than one day
68	11	5	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation
11. Industry or business Trainer + Baer

FATHER
12. Name Joseph Anderson
13. Birthplace W. Va.

MOTHER
14. Maiden Name Ann Miginigh
15. Birthplace W. Va.

16 (a) Informant Mrs. Anna Ann
(b) Address 1910 W. Lanvale St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 1/48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Martinsburg, W. Va.

18 (a) Funeral director Harry H. Tuttle
(b) Address 4101 Edmondson Ave

19 (a) May 1 1948 (Date rec'd by registrar) (b) Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 8:30 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 1 1948 to April 29 1948, and that I last saw h er alive on April 29 1948.

Immediate cause of death Cardiac Arrhythmia

	Duration
Due to Sarcoma of Kidney	3 yrs
Due to C.P.C. of Kidney	8 mo

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E W Toon M. D.
Address 1202 St Paul St Date signed 4/30/48

VS 150

62793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 164a

Registered No. G62793

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 St. Paul Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Hiltz - Hilty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Barbara Hilty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 - 1870

8. AGE: Years 77 - 75 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Handy man

11. Industry or business

FATHER 12. Name John R. Hilty

13. Birthplace Unknown

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Mrs. Florence Barker

(b) Address 3932 Beech Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 - 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Baltimore Md.

18 (a) Funeral director Mamie Cook Lefler

(b) Address 1605 W. North Ave.

19 (a) MAY 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29/48 19 5:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Strangulation

Due to Mental Depression

Other Conditions Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 4/29/48 (b) Where did injury occur? Rear 3512 Greenmount Ave

(c) Did injury occur at home, on farm, industrial place, in public place? In wood (while at work?) No

(d) Means of injury Hung Self

23. Signature John R. Lamb M.D. Medical Examiner.

Date signed 4/30/48

662794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 662794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826 Whitmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Phy
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Whitmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert P. Wilmot

3 (b) If veteran, name war WW #1

3 (c) Social Security Account No. 215-10-9590

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife UNKNOWN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/27/1895

8. AGE: Years 53 | Months 3 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace BALTO Co. MD. (Town, county, and state)

10. Usual Occupation SPECIAL POLICE

11. Industry or business W.M. R.R.

FATHER 12. Name ?
13. Birthplace ?

MOTHER 14. Maiden Name JOSEPHINE ?
15. Birthplace ?

16 (a) Informant MRS. CLARA E PARSONS (friend)
(b) Address 1826 WHITMORE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location BALTO Co. MD.

18 (a) Funeral director WM J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) MAY 1 1948 (month) (day) (year) (b) Huntington Williams, M.D. Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1948, at 2:25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon, and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Schmidt M.D. (Medical Examiner.)
Date signed 4/29/48

662795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 662795

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5705 BERKLEY AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5705 BERKLEY AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GARDNER E. WATTS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife NATTIE A. (LEE) WATTS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 10, 1868

8. AGE: Years 79 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace PIKESVILLE, MD. (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name EDWARD WATTS
13. Birthplace PIKESVILLE, MD.

MOTHER
14. Maiden Name GARDNER
15. Birthplace

16 (a) Informant MRS. WM. W. ALVEY
(b) Address 5705 BERKLEY AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MD

18 (a) Funeral director WM. J. REISINGER & SONS
(b) Address BALTO., MD.

19 (a) MAY 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1948, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/30 1946 to 4/30 1948, and that I last saw him alive on 4/29 1948

Immediate cause of death	Duration
Myocardial failure	
Due to coronary occlusion	-
Due to coronary sclerosis	-
Other Conditions Cerebral hemorrhage	3/14/48

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Wilson
Address 5721 York Rd Date signed 4/30/48 M.D.

662796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

662796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3436 MoNDAWMIN - (1c)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 15
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3436 MONDAWMIN - 16
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME EMMA E. GREEN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife JACOB E. GREEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 7, 1862

8. AGE: Years 86 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace WOODENSBURG, MD.
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name Wm. MORRISON
13. Birthplace IRELAND

MOTHER
14. Maiden Name RACHEL UPPERCO
15. Birthplace MD.

16 (a) Informant MR. GEO. E. GREEN
(b) Address 3436 MONDAWMIN AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)
(c) Cemetery or crematory MT. GILEAD
Location WOODENSBURG, MD.

18 (a) Funeral director WM. J. TICKNER & SONS.
(b) Address BALTO. MD

19 (a) MAY 1 1948 (b) Huntington Williams, M.D.
(Must be filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1948, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1947 to April 28 1948, and that I last saw her alive on April 28 1948

	Duration
Immediate cause of death Acute Cardiac Failure	2 hrs
Due to Arteriosclerotic Cardio-Vascular Disease	7-8 yrs
Due to	
Other Conditions Cerebral arteriosclerosis	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel A. Robertson M. D.
Address 2135 Eutaw Pl. Balto Md Date signed 4/30/48

X

662797

BALTIMORE CITY HEALTH DEPARTMENT

HL 119228

CERTIFICATE OF DEATH

Registered No. 662797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 St. Paul St. (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Raymond Fisher~~ RAYMOND NELSON FISHER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-9184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	~~Widowed~~ DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1886

8. AGE: Years	Months	Days	If less than one day
61	10	13	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name George Thomas Fisher (D)
13. Birthplace N.C.

MOTHER
14. Maiden Name China Jones
15 Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ ZION CEM.
Location SPRUCE PINE, N.C.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto. Md.

19 MAY 1 - 1948 (Date rec'd by Registrar) (b) Tuneting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 8-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1948 to April 29 1948 and that I last saw him alive on April 29 1948.

Immediate cause of death	Duration
Cerebro-Vascular Accident	2 days.
Due to	
Due to	
Other Conditions Chronic Urinary Retention BPH (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. E. Glore M.D.
Address 4940 Eastern Ave. Date signed 4-29-48

G62798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G62798

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 MIN.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Carlton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas, ALEXANDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Edna Thomas.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1897.

8. AGE: Years	Months	Days	If less than one day
50	8		hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Porter.
11. Industry or business

FATHER — 12. Name William Thomas.
13. Birthplace Howard Co. Md.

MOTHER — 14. Maiden Name Sarah Mosby.
15. Birthplace Howard Co., Md.

16 (a) Informant Mrs. Edna L. Thomas
(b) Address 112 N. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1948.
(c) Cemetery or crematory Mt. Auburn.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St. Huntington Williams, Mgr.

19 (a) MAY 1 - 1948 (Date received by registrar) (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1948; at 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 4/28/48

62799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 62799

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 733 George St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** John Rector Coasey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mattie B. Coasey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1889

8. AGE: Years 58 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Laurens S.C. (Town, county, and state)

10. Usual Occupation Doctor

11. Industry or business

FATHER 12. Name Nathaniel Coasey

13. Birthplace Laurens S.C.

MOTHER 14. Maiden Name Laura —

15. Birthplace Laurens S.C.

16 (a) Informant Mattie B. Coasey

(b) Address 733 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St.

19 MAY 1 - 1948 (Date rec'd by registrar) (b) Lenington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1948, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 26 April 1948 to 28 April 1948, and that I last saw h[illegible] alive on 28 April 1948.

	Duration
Immediate cause of death: acute coronary occlusion	1 hr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James D. Carr M. D.

Address 515 Nolan St Date signed 4-30-48

VS 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 662800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1422 Argyle Ave~~
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife ELIZABETH McCRAE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-12-24

8. AGE:	Years	Months	Days	If less than one day
	23	8	16	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation AIR HAMMER WORKER
11. Industry or business

FATHER
12. Name WILLIAM ALLEN
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name CARRIE TAYLOR
15. Birthplace VIRGINIA

16 (a) Informant Lonnie Allen
(b) Address 1020 W Franklin St.

17 (a) Burial (b) Date thereof 5/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory W Lawn Cem.
Location Mt Auburn

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 N. Schroeder St Huntington Williams, Md

19 (a) MAY 1 1948 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1948 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 27 April 1948 to 28 April 1948 and that I last saw him alive on 28 April 1948

Immediate cause of death	Duration
Cerebral Embolism	
Due to Pneumococcus Hemiplegia and	3 days
Due to Pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Sydenham Hospital Date signed 4-29-48

V S 150

662801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

662801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Doretha Coleman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-35

8. AGE: Years 12 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace So Carolina (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Monroe Coleman

13. Birthplace S. Carolina

MOTHER 14. Maiden Name Janie Coleman

15. Birthplace JOHNS HOPKINS HOSPITAL

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 327 N. Schroeder St

19 (a) MAY 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 2 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 16 April 1948 to 28 April 1948, and that I last saw h[illegible] alive on 28 April 1948.

Immediate cause of death	Duration
Uremia	
Cardiac Failure	- 48 hrs.
Due to: Lupus Erythematosus - 3 yrs. (ERYTHEMATOSUS)	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. H. Sooby, M.D.

Address Johns Hopkins Hospital Date signed 4/28/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 52802

1. PLACE OF DEATH Eastern Ave. Hospital.
(a) Baltimore City, Maryland
(b) Street address Marlborough & Pratt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) all 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Marlborough Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Buchenheim

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Ernie [illegible] 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1870

8. AGE: Years 77 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name [illegible] King
13. Birthplace Germany

MOTHER 14. Maiden Name Mina Watzlberg
15. Birthplace Germany

16 (a) Informant Mrs. Carrie Eichman
(b) Address 2 Marlborough Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/1/48. (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Daniel Lonsdale & Son
(b) Address 1902 Eastern Ave.

19 (Date rec'd by registrar) May 1 1948 Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1937 to April 30 1948. that I last saw h[illegible] alive on April 29 1948

	Duration
Immediate cause of death Cardiac Failure	
Generalized metastasis	
Breast Carcinoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2 Marlborough Ave. Date signed

VS 150

662803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

662803 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 9W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Leo P. Collett

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-12-6444

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ~~Single~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-03

8. AGE: Years 44 | Months 9 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Brewery

FATHER — 12. Name Robert Collett

13. Birthplace Md

MOTHER — 14. Maiden Name Mary Molloy

15. Birthplace Dalco

16 (a) Informant Ward, Mary

(b) Address 1304 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1948 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director Edgar H. Carlin & Son

(b) Address 924 E. Fayette Blvd 2

19 (a) Date received by Registrar MAY 1 1948 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1948, at 9 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1948 to 4-29 1948 and that I last saw h/ alive on 4-29 1948

Immediate cause of death Coronary Thrombosis — Duration 20 min

Due to Chronic Ulcer

Due to Coronary Thrombosis — 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-26-48

Major findings of operation: Perforated Ulcer

of autopsy: Hx of typical coronary

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur A. Gantt M. D.

Address Mercy Date signed 4-29-48

VS 150

3C-48-09144 BALTIMORE CITY HEALTH DEPARTMENT X G62804

CERTIFICATE OF DEATH ✓ 159

G62804 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairbank & Glover St.
(c) Hospital or institution: Univ. Maryland Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Glover St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-48

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Frederick Miller
13. Birthplace Allegany City, Md.

MOTHER
14. Maiden Name Anna Marie Dasch
15. Birthplace Columbia, Md.

16 (a) Informant Anna Marie Miller
(b) Address 1712 Glover St., Rela

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or crematory St. John's Cemetery
Location Ellicott City, Maryland

18 (a) Funeral director Easton, Edna
(b) Address Ellicott City, Maryland.

19 (a) MAY 1 - 1948 (Date rec'd by registrar) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/48 19 ; at 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1948 to 4-30 1948; and that I last saw h[illegible] alive on 4/29, 1948

Immediate cause of death	Duration
Cardiac collapse	
Pulmonary Atelectasis	3 days
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Jamison M.D.
Address Univ. Maryland Hosp. Date signed 5/1/48 M. D.

VS 150

X

File 62805 Pha 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. 62805

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 61
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 HOURS
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 261 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Confaleris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Angelo
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 10 - 1896

8. AGE: Years	Months	Days	If less than one day
52	3	20	hr. min.

9. Birthplace Greece (town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Triantafilos
13. Birthplace Greece

MOTHER
14. Maiden Name Marie
15. Birthplace Greece

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 3 - 48 (month) (day) (year)
(c) Cemetery or crematory Greek Com.
Location Windsor Mill Rd

18 (a) Funeral director Lambos Fun. Home Inc.
(b) Address 440 E. North ave.

19 MAY 1 - 1948 (Date rec'd by Registrar) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1948, at 3:35 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1948, to 4-30 1948, and that I last saw h.l.w. alive on 4-30 1948.

	Duration
Immediate cause of death (a) Cerebral hemorrhage	
Due to (b) Arteriosclerotic Cardiovascular Disease & Coronary artery disease	
Due to (c) Cardiac decompensation, etc. (1) & (2)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman E. Shaffer M. D.
Address Johns Hopkins Hospital Date signed 4-30-48

VS 150

662806

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U S MARINE HOSPITAL 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Yeager Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME BURKE, William Cornell

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No. 213-03-7352

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Myrtle Poe Burke

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 14, 1890

8. AGE: Years 58 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Policeman

11. Industry or business:

FATHER
12. Name: Frank Burke
13. Birthplace: Baltimore County, Md.

MOTHER
14. Maiden Name: Jenny ?
15. Birthplace: Baltimore County, Md.

16 (a) Informant: Records
(b) Address: U S Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 48 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Baltimore Md

18 (a) Funeral director: Frank H Seitz
(b) Address: 814 W 36th St

19 MAY 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29, 1948 19 at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6, 1948 to Apr. 29, 1948.
and that I last saw him alive on April 29, 1948.

Immediate cause of death: 1-Cerebral hemorrhage left — Duration 23 days
2-Hypertensive vascular disease
3-Arteriosclerosis, generalized

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon, U.S.P.H.S.
Address: Clinical Director Date signed 4-30-48

VS 15

No. 62807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 62807

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age in especially important. Spaces reserved for entries

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Hayward Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3902 Hayward Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan W. Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 - 1866

8. AGE: Years 82 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name David Cameron
13. Birthplace Virginia

MOTHER
14. Maiden Name Lottie Farmer
15. Birthplace Virginia

16 (a) Informant Walter W. Jones
(b) Address 3902 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 - 48 (month) (day) (year)
(c) Cemetery or crematory Woems Funeral Home
Location Virginia

18 (a) Funeral director Chas P. Towell
(b) Address 2427 Edmondson Ave

19 MAY 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1948 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1948 to 4/30 1948, and that I last saw h.e.r. alive on 4/30 1948

Immediate cause of death Arteriosclerotic Cardio-Vascular disease. — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Deane Laughlin
Address 400 N. Pepper St. Date signed 5/1/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 N. Glover St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) – 6
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Glover St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country – – – –

3 (a) **FULL NAME** Henry Langrehr

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1861

8. AGE: Years 87 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace California (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Michael J. Langrehr
(b) Address Bradshaw, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 East Lanvale Ave.

19 (a) Date rec'd by Registrar MAY 1 1948 (b) Transcription for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29, 1948 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 10 1939 to April 29 1948, and that I last saw h... alive on April 28 1948.

Immediate cause of death	Duration
Congestive Heart Failure	1 day
Due to Cardio-Vascular Hypertensive disease	10 years
Due to Arteriosclerosis	10 years.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Daoust M. D.
Address 1 W. Oneida Ave Date signed 4/29/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662809
GM. 119241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

Registered No. 662809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 Eagle ST. Z 23
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Helen Adeline Broderick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29-1920

8. AGE: Years	Months	Days	If less than one day
28	01	2	hr. min.

9. Birthplace Alabama
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bottis Snodgrass
13. Birthplace Alabama

MOTHER
14. Maiden Name Jodie Morgan
15 Birthplace Alabama

16 (a) Informant Records B lto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 5/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Thomasville Ala
Location Thomasville, Alabama

18 (a) Funeral director Wm. Cook by
(b) Address 1217 St Paul St Huntington Williams, Mgr

19 (a) MAY 1 - 1948 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 1 - 1948 at 12.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 - 1948 to 5 - 1 - 1948, and that I last saw h er alive on 5 - 1 - 1948.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 5-1-48

VS 150

68210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 68210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Ethings St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ASIA COUNTEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1914

8. AGE: Years 33 38 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace S. C.

MOTHER
14. Maiden Name Eliza ?
15. Birthplace S. C.

16 (a) Informant Rebecca Smith
(b) Address 2031 - Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/48 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Calvary
A. Halstead

18 (a) Funeral director
(b) Address 918 - Druid Hill

19 MAY 1 - 1948 Huntington Williams Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/48 19 at 1:55 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardiovascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury X at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 4/25/48

VS 151

X

662811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 662811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1947 Ocean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME Hazel R. Todd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-15

8. AGE: Years	Months	Days	If less than one day
32	4	13	hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation Beauty Culturist

11. Industry or business

FATHER
12. Name Elijah Todd
13. Birthplace England

MOTHER
14. Maiden Name Regina Lieb
15. Birthplace New York

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3/48 (month) (day) (year)
(c) Cemetery or crematory King Sabaroon Memorial Park
Location Clifton Blvd.

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North Ave. Chesterfield for Williams, Mgr.

19 MAY 1 - 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

35 P

20. DATE OF DEATH April 30 1948 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1948 to 4/30 1948
and that I last saw h/her alive on 4/30 1948.

Immediate cause of death: Cardiac decompensation — Duration: Sudden

Due to: Congenital Heart Disease, Cyanotic — 3 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 27 April 48

Major findings of operation: Pulmonic Stenosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Cantrell, M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 30 April 48

G62812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G62812

45-8709

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Miami (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 N.W. 39th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Byron C. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mae White

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 7-26-89

8. AGE: Years 58 | Months 9 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace La. (Town, county, and state)

10. Usual Occupation Police Officer

11. Industry or business

FATHER
12. Name John White
13. Birthplace ?

MOTHER
14. Maiden Name Dora Proff
15. Birthplace La.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Miami Florida

18 (a) Funeral director Henry H. Jenkins Sons
(b) Address Orchard & Annapolis Rds

19 (a) 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 1 - 1948 at 5-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24-1948 to 5-1-19__, and that I last saw h[illegible] alive on 5-1-1948.

	Duration
Immediate cause of death: cerebral hemorrhage	4 days
Due to: Hypertensive Cardio-Vascular disease	5 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. McCoy M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

BC-48-09121
JL - 119279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 66813

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Hall - Thelma

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1948

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Thelma Burroughs
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 5/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Md.

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Granby Ave

19 (a) (b)
(Date rec'd by registrar)
MAY 2 - 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948, at 9.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1948 to April 30 1948 and that I last saw h... alive on April 30 1948.

Immediate cause of death	Duration
Atelectasis, congenital	1½ days
Due to	
Due to	
Other Conditions Aspiration Pneumonia	1½ days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julian P. Griffith M. D.
Address Balt City Hosps Date signed

150 161a May 1 '48

662814 BALTIMORE CITY HEALTH DEPARTMENT 662814
CERTIFICATE OF DEATH 107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Reisper Sts
(c) Hospital or institution West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Keyser W Va
(If outside city or town limits, write RURAL and give township)
(d) Street No. 92 Van St Keyser W Va (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** JEFFREY L. GARLITZ

3 (b) If veteran, name war W
3 (c) Social Security Account No. none
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 3, 1947
8. AGE: Years Months 10 Days 28 If less than one day min.
9. Birthplace Keyser W Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harvey D Garlitz
13. Birthplace W Va

MOTHER
14. Maiden Name Mildred Shipley
15. Birthplace W Va

16 (a) Informant Agnes
(b) Address W Va Del Rd
17 (a) Disposal Funeral (burial, cremation, or removal) (b) Date thereof 5/2/48 (month) (day) (year)
(c) Cemetery or crematory Queen Ford
Location Keyser W Va
18 (a) Funeral director Milhorn & Dye
(b) Address 1247 Ford St
19 (a) 5-2-1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 5/1 1948, and that I last saw h[illegible] alive on 5-1 1948

Immediate cause of death ANOXIA — Duration

Due to ACUTE BRONCHIOLITIS

Due to

Other Conditions COELIAC DISEASE

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Gubnitsky M.D.
Address W. Baltimore General Hosp. Date signed 5/1/48

Washington Hollow, Md

662815 BALTIMORE CITY HEALTH DEPARTMENT 662815
CERTIFICATE OF DEATH V 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4036 Evans Chapel Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence B. STEVENS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-6761

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1878

8. AGE: Years 69 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county and state)

10. Usual Occupation Mill Person - Woodberry Mills

11. Industry or business Retired

FATHER
12. Name Abraham B. Stevens
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Jane Cullum
15. Birthplace Maryland

16 (a) Informant Mrs. Lillian P. Hans
(b) Address 3821 Pleasant Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 1948, at 8 05 A M

21. I certify that I took charge of the remains described above, held an Inspection and Ext. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Artery Disease

Due to

Other Conditions Healed fracture of right hip.
Healed Potts disease of spine.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 5/1/48

VS 151

G62816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G62816 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Also correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Keswick Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Florence Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward M. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1867

8. AGE: Years 83 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Page Co. Virginia (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Daniel Martin
13. Birthplace Virginia

MOTHER 14. Maiden Name Elizabeth Knight
15. Birthplace Virginia

16 (a) Informant Mrs. Lucetta Hotzell
(b) Address 3109 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1948 (Month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) 1948 MAY (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948, at 1-15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1948 to 4-30 1948, and that I last saw h[illegible] alive on 4-30 1948.

Immediate cause of death: Acute Pulmonary Edema — Duration 1 day
Due to: Hypertension & V.D. & Arteriosclerosis — Duration 7
Due to: — Duration —
Other Conditions: — Duration —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurence J. Sloan M. D.
Address 5716 Falls Rd. Date signed 4-30 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

662817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3153 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Gail (George Philip Gail)
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) JAN. 28 1894
8. AGE: Years 54 | Months 3 | Days 3 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name George Gail
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Landmann
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore
18 (a) Funeral director Stuart M'Murray Co.
(b) Address 108 W. Mount St.

MAY 2 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1948 to May 1 1948 and that I last saw him alive on May 1 1948

Immediate cause of death — Duration
Cardiac failure
Due to Coronary Thrombosis
Due to Arteriosclerotic Coronary
Other Conditions Artery Disease
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature Edward Mayer M.D.
JOHNS HOPKINS HOSPITAL M. D.
Address Date signed

G62818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G62818 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3415 Guilford Avenue
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Guilford Avenue (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin Thomas Cole

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Evans Cole
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feby 21 1865

8. AGE: Years 83 | Months 2 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Anne Arundel Co. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Thos. Marine Cole
13. Birthplace Maryland

MOTHER
14. Maiden Name Elmina Wellham
15. Birthplace Maryland

16 (a) Informant Miss Elmina W. Cole Daughter
(b) Address 3415 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart & Company
(b) Address 108 W Mount Ave.

19 (a) 5-2-1948 (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1947, to May 1 1948, and that I last saw h[illegible] alive on April 30 1948.

Immediate cause of death: Carcinoma of Lung — Duration: 5 mo
Due to
Due to
Other Conditions Arteriosclerosis generalized — unknown
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis W Clark M. D.
Address 3916 St Paul St Date signed 5/4/48

662819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

662819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (years, months, or days) 3 days
(e) Length of stay in Baltimore (years, months, or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Tunbridge Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert Gordon Williamson

3 (b) If veteran, name war: W.W. #1

3 (c) Social Security Account No. 085-10-5760

4. Sex: Male

5. Color or race: White

6 (a) Single, (married), widowed, or divorced: Married

6 (b) Name of husband or wife: Laurie W. Williamson

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 25 1889

8. AGE: Years 58 | Months 7 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Connecticut (Town, county, and state)

10. Usual Occupation Sales Manager - Asphalt

11. Industry or business Dept. for Standard Oil Co.

FATHER
12. Name Mr. Robert Williamson
13. Birthplace Scotland

MOTHER
14. Maiden Name Marie Anderson
15. Birthplace Sweden

16 (a) Informant Mrs. Laurie W. Williamson (wife)
(b) Address 209 Tunbridge Road, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 3 - 1948 (month) (day) (year)
(c) Cemetery or crematory Putnam
Location Greenwich, Conn.

18 (a) Funeral director Stewart & Mowing Company
(b) Address 108 W. North Ave. City

19 (a) 5-2-1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1-48 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29-48 19 to 5-1-48 19, and that I last saw him alive on 5-1-48 19

Immediate cause of death: Congestive heart failure — Duration 2 years

Due to Coronary thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: no about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel W Bell

Address U.M. Hospital Date signed 5/1/48

VS 150

062820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hosp. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris W. RoRos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 | 13 | 1898

8. AGE: Years: 50 | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Ass't Section Fore Man

11. Industry or business Revere Copper & Brass Co.

FATHER
12. Name August RoRos
13. Birthplace Europe

MOTHER
14. Maiden Name Anna
15. Birthplace Europe

16 (a) Informant Mr. J. Wenking
(b) Address 106 N. Carlton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kasmakes Sons
(b) Address 602 Washington Blvd

19 (a) Temple Washington Williams (Date received) (Local registrar)
MAY 5 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/48 19 , at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Hepato renal Syndrome — Duration

Due to Cirrhosis of Liver

Due to

Other Conditions Hepatic Artery Ligation Cholecystectomy (Include pregnancy within 3 months of death)

Date of operation 4/24/48

Major findings of operations: Cirrhosis, Hepatic & Chronic Cholecystitis

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex C. Tully Jr M. D.

Address South Balto G H Date signed 4/30/48

VS 150

662821

GH. 119153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 134a

662821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Woodyear ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Day

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Ellis Day
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23 - 1906

8. AGE: Years	Months	Days	If less than one day
42	3	6	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Matthews
13. Birthplace MD.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Maryland

18 (a) Funeral director Mrs. Lee A. Holland
(b) Address 631 Druid Hill Ave.

19 (a) MAY 2 1948 (Date rec'd by registrar) (b) Huntington-Williams M.H.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 29 - 1948, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 - 1948 to 4 - 29 - 1948, and that I last saw her alive on 4 - 29 - 1948.

	Duration
Immediate cause of death Pyelonephritis of Left Kidney	10 Days.
Due to Nephrolithiasis & Ureterolithiasis, Left.	2 yrs. 2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-25-48
Major findings of operation: Stone in left ureter; Left kidney infected
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy M.D.
Address Baltimore City Hosp. Date signed 4-29-48

G628,22 — BALTIMORE CITY HEALTH DEPARTMENT — G628,22

CERTIFICATE OF DEATH

186a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie E. SMITH

3 (b) If veteran, name war: World War 2
3 (c) Social Security Account No. 233-28-4228

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Seperated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1900

8. AGE: Years 48 | Months | Days | If less than one day: hr. min.

9. Birthplace Willard, Carter Ky. (Town, county, and state)

10. Usual Occupation Boiler Makers Helper

11. Industry or business Md Drydock

FATHER
12. Name Elmer Smith
13. Birthplace Kentucky

MOTHER
14. Maiden Name Unknown
15. Birthplace Kentucky

16 (a) Informant Mrs Carrie Baer
(b) Address 1203 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl. Cem.
Location 5501 Frederick Ave

18 (a) Funeral director Jas. J. Gowan
(b) Address 901-03 Hollins St.

19 (a) Date received by registrar MAY 2 1948 (b) Registrar Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948, at 10 45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fracture of skull
Contusion of brain
Due to: Intracranial hemorhage
Bronchopneumonia

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-24-48 at 2200 (10:45) P.M.
(b) Where did injury occur? Front of 1203 W. Fayette St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury: Fall on pavement
History of

23. Signature George P. McNeill M.D. Medical Examiner.
Date signed 4/26/48

X

662823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146E

662823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please correct age is especially important. Every item of information should be carefully supplied. The cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 W. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2124 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. LaBanz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Clara R.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 13th 1894
8. AGE: Years 53 | Months 6 | Days 16 | If less than one day hr. min.
9. Birthplace Hungary (town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business Tel Co

FATHER
12. Name Joseph LaBanz
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungary

16 (a) Informant Mrs Albert R. LaBanz
(b) Address 2124 W. Fairmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory Mary Cathedral Cem.
Location 4300 Old Frederick Rd
18 (a) Funeral director John J. Gowan & Son
(b) Address 901-03 Hollins St.
19 (a) (Date received by registrar) by Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1948, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948, to Apr 29 1948, and that I last saw alive on Apr 28 1948

Immediate cause of death	Duration
Coronary Thrombosis	2 hrs
Due to Myocardial Infarction	6 Mo
Due to Hypertensive Disease	1 yr.
Other Conditions Arteriosclerosis.	4 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Elias Lerner Jr
Address 933 W. Belvedere Ave Date signed 4/30/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT
(c) Hospital or institution: MERCY HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town BALTIMORE, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 OAK FOREST DR.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** MICHAEL A. KINLEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 10, 1865

8. AGE: Years	Months	Days	If less than one day
83	1	21	hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name MICHAEL KINLEIN
13. Birthplace GERMANY

MOTHER
14. Maiden Name GERTRUDE KRAMER
15. Birthplace GERMANY

16 (a) Informant ADM. SLIP.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.

19 (a) Date rec'd by registrar MAY 3 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1948 at 9 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1948 to 5/1 1948
and that I last saw h/m alive on 5/1 1948

Immediate cause of death CARDIO-RESP FAILURE — Duration

Due to ARTERIO-SCLEROTIC C.V. DISEASE.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elbert H. Pentz M. D.
Address Mercy Hosp Date signed 5/1/48

VS. 150

Dr. Fearing
3025 Belair Road

0628.25

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

Registered No. 0628.25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Clifton Park Terrace
(c) Hospital or institution: 8-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Clifton Park Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E lla Farley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Michael J. Farley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1878

8. AGE: Years 70 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Thomas Quinn
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Julia Finn
15. Birthplace: Ireland

16 (a) Informant: Mr. Michael J. Farley
(b) Address: 2938 Clifton Park Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Harford Road

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road, #14

19 (a) (Date rec'd by Registrar) (b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th, 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1947 to 4-29 1948.
and that I last saw h[illegible] alive on 4-22 1948

Immediate cause of death: Heart Failure — Duration: Few Hours
Due to: Hight Blood Pressure — 4 Years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

WILLIAM L. FEARING M.D.

23. Signature William L. Fearing M.D.
Address 3025 Belair Rd Date signed 4-30-48

X

BC-48-9689 G628826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G628826 Grund 161a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 27-7
(b) Street address
(c) Hospital or institution: Mercy Hospital 20 min 5 Hours
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mercy Hospital 7303 Old Harford Rd.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Grund

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-48.

8. AGE: Years	Months	Days	If less than one day
			0 hr. 20 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Newborn.
11. Industry or business

FATHER
12. Name Luis F. Grund.
13. Birthplace

MOTHER
14. Maiden Name Olga D. Eryner
15. Birthplace Cleveland, Ohio

16 (a) Informant Mercy Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore
18 (a) Funeral director George A. Farley
(b) Address Farley, 1600 Fayette St.
19 (a) 5-2-48 (Date rec'd by registrar) (b) Fountaintown Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1-48 1948, at 11 50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1948 to 5-1 1948.
and that I last saw him alive on 5-1-48 1948.

Immediate cause of death	Duration
Congenital Atelectasis	
Multiple, congenital anomalies - Malformation of heart	
Due to	
Congenital atelectasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard E. Hunter M. D.
Address Mercy Hosp. Date signed 5-3-48

VS 159

C62827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

C62827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Byron Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arlington M. Dent

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. II, 1905

8. AGE: Years 42 | Months 8 | Days 22 | If less than one day: hr. min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)
10. Usual Occupation: Butler
11. Industry or business

FATHER
12. Name: John Dent
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Annie Tilghman
15. Birthplace: Maryland

16 (a) Informant: Walter Dent
(b) Address: Chestertown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1948 (month) (day) (year)
(c) Cemetery or crematory: Quaker Neck (Col) Cem
Location: Chestertown -Kent Co. Md.

18 (a) Funeral director: J. Willis Wells
(b) Address: Chestertown, Md.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1948, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1948 to 5-2 1948 and that I last saw h[illegible] alive on 5-2 1948

Immediate cause of death	Duration
Carcinoma of lung diffuse & Metastasis	
Due to Pt Local Apellum nodes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Gen. Hosp. Date signed 5/2/48

G62823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 307

Registered No. X G62823

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Co. (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Albert L. Shepard.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Catherine Shepard
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) July 13, 1881
8. AGE: Years 66 Months 3 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace Michigan (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired
FATHER 12. Name Frank L. Shepard.
13. Birthplace New York
MOTHER 14. Maiden Name Annie Griswold
15. Birthplace New York
16 (a) Informant Mrs. Cath. Shepard
(b) Address 132 8th ave. N.
17 (a) Burial (b) Date thereof 5/4/48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Woodlawn Park
Location Baltimore Co. Md.
18 (a) Funeral director Fulhorn & Sons
(b) Address 1217 E. Pratt St.
19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/48 19 ____, at 11:10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4/30/48 19 to 5/1/48 19 ____, and that I last saw h[illegible] alive on 5/1/48 19 ____.

Immediate cause of death	Duration
(a) Aneurysm of abdominal aorta	
Due to (b) Arteriosclerosis - Selerotic hypertensive Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4/30/48
Major findings of operation: Aneurysm to rupture retroperitoneal
of autopsy: Ruptured aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph D. Antonis M.D.
Address Church Home & Hosp. Date signed 5/2/48

VS 150

52829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

Registered No. 52829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 Forest st.
(c) Hospital or institution: 10-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Forest st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Tosseph

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~of wife~~ James B. Tosseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1872

8. AGE: Years 75 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Timonium Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Martin Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Murray
15. Birthplace Ireland

16 (a) Informant Mrs. B. A. Long
(b) Address 3811 Seven Mile Lane

17 (a) Burial (b) Date thereof 5/5/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Josephs
Location Texas, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) MAY 3 - 1948 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1948, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1947 to May 1 1948, and that I last saw h alive on 30 April 1948.

	Duration
Immediate cause of death: Left Ventricular failure Hypertension	1 week 3 days
Due to: Cardio-Vascular-Renal Disease	
Due to: Arteriosclerosis	
Other Conditions: Gangrene Left foot (Include pregnancy within 3 months of death)	1 week

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverfelt M.D.
Address 714 E. Preston St. Date signed May

VS 150

662830

662830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Church Home
(c) Hospital or institution: 17
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore 10. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1042 W. University Pkwy (If rural give location)
(e) Citizen of foreign country?: no (Yes or No) If yes, name country:

3 (a) FULL NAME: Mrs. MAUDE MORROW (Maud E Morrow)

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Harry Farmer Buchanan

If married, widowed, or divorced give age: years

7. Birth date of deceased (mo., day, yr.): 1-10-1869

8. AGE: Years: 79 | Months: 4 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Annapolis Md. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business:

FATHER
12. Name: William Bellis
13. Birthplace: England

MOTHER
14. Maiden Name: Eliz. Solgon
15. Birthplace: England

16 (a) Informant: daughter - Mrs. V. Hasson
(b) Address: Baltimore

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 5/4/48 (month) (day) (year)
(c) Cemetery or crematory: St Johns
Location: Annapolis Md

18 (a) Funeral director: Gallagher Funeral Home
(b) Address: 5 W. Lexington St

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington for Williams M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 May 1948, at 4-20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30-1948 to 5-2-1948, and that I last saw her alive on 5-2-1948.

Immediate cause of death: Intestinal obstruction — Duration: 4 days.
Due to: Adhesions
Due to: previous abd. disease

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: 4-30-48
Major findings of operation: Adhesions
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: [illegible] M. D.
Address: Church Home Date signed: 5-3-48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. 662831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1352 N. Fremont Ave.
(c) Hospital or institution: 15-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Harold Curry

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-2466

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Vaseline Curry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1899

8. AGE: Years 48 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Julia Williams
15. Birthplace Unknown

16 (a) Informant Vaseline Curry
(b) Address 1115 Riggs Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 MAY 3- 1948 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948 at 9 A. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Res death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Diabetes mellitus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Geo. L. Merrill M.D.
Medical Examiner.
Date signed 4/29/48

VS,151

662832 Dead 3/12/48 662832

DC-48-13927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 ✓
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Ascension Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Scurry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-48

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) [illegible] 1948 (Filed rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17-1948 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16-48 to 3-17-48, and that I last saw h[illegible] alive on 3-17-1948.

Immediate cause of death	Duration
Prematurity	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip Druce

Address Johns Hopkins Hospital Date signed 3-19-48

VS 150

G62833 NB

41-06571 Hospital Division

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G62833 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 27-9
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Ballo (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 Kinsway Rd. (If rural give location) Kinsway
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Clark

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 3-25-48

8. AGE: Years | Months | Days | If less than one day 7 hr. 22-18 min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name James S. Clark
13. Birthplace

MOTHER — 14. Maiden Name Eleanor Chesley
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Disposal by

18 (a) Funeral director
(b) Address

(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-1948, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1948 to 3-25 1948, and that I last saw h[illegible] alive on 3-25 1948.

Immediate cause of death PREMATURITY — Duration Three

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address John Hopkins Hosp Date signed 3-26-48

X

G628.34 48-06560 **BALTIMORE CITY HEALTH DEPARTMENT** 66834

Hospital Disposal **CERTIFICATE OF DEATH** 159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-10
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Winston Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Sutherland (443596)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/48

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 32 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Sutherland
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Lee Wheeler
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Disposal by Hosp.

18 (a) Funeral director
(b) Address

19 (a) Date rec'd by Registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25, 1948, to March 25 1948, and that I last saw her alive on March 25, 1948.

Immediate cause of death: Prematurity
Due to: Infarction Placenta
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Newton Long M. D.
Address The Johns Hopkins Hos Date signed 3-25-48

VS 150

G62835 4P-15696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

× G62835 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 College Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hyman (451250)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/48

8. AGE: Years	Months	Days	If less than one day
0	0	1	4 hr. 8 45 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Clifton Washington
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgiana Hyman
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address 601 North Broadway

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Disposal by

18 (a) Funeral director
(b) Address

MAY 3 1948 Clifton Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th, 1948, at 2:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15, 1948 to March 16 1948, and that I last saw him alive on March 16 1948

Immediate cause of death Bronchopneumonia acute bilateral — Duration 29 hrs

Due to Aspiration meconium — 29 hrs

Due to

Other Conditions Hepatomegaly — 29 hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above + Diaphragmatic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Norton Gay M. D.
Address The Johns Hopkins Hospital Date signed 3-17-48

VS 190

D 662836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

662836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Massachusetts Ave
(c) Hospital or institution: 30-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Massachusetts Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren L. Bull

3 (b) If veteran, name war —

3 (c) Social Security Account No. 092-03-8726

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Selma Thelma Bull

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct 27 1894

8. AGE: Years 53 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace Catonsville - Md.
(Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business Belvedere Hotel

FATHER
12. Name Robert B. Bull
13. Birthplace Md

MOTHER
14. Maiden Name Fannie Rosalie Zell
15. Birthplace Md

16 (a) Informant's Florence T. Bull
(b) Address 4201 Massachusetts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 - 1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son
(b) Address 5311 Edmondson Ave

19 (a) May 2 1948 (Date received by Registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 29 1948, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1948 to Apr 29 1948 and that I last saw h. alive on April 29 1948.

Immediate cause of death	Duration
coronary thrombosis - cardiac failure	1 day
Due to myocarditis -	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene J. Kupp M.D.
Address 3030 Edmondson Ave Date signed 4/30/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

6628837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 6628837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 E. North Ave
(c) Hospital or institution: 8-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 E. North Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Wirth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Gertrude Wirth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 6, 1858
8. AGE: Years: 89 | Months: 8 | Days: 24 | If less than one day: hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: B. & O. R.R. Stationery Engineer

FATHER
12. Name: George Wirth
13. Birthplace: Germany ?

MOTHER
14. Maiden Name:
15. Birthplace: Germany

16 (a) Informant: George F. Wirth
(b) Address: 1609 E. North Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 4 1948 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville
18 (a) Funeral director: Mr. Mrs. John W. Teufel & Son
(b) Address: 5311 Edmondson Ave
19 (a) MAY 3 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1948, at 5 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardio-Vascular Disease.

Due to:

Other Conditions: Old Healed Fracture, Right Hip

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature: Wm. H. Kemmer, Jr., M.D. Medical Examiner.
Date signed: 4 May 1948

VS 191

662838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

662838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 25.5
(c) Hospital or institution:
Baltimore (South) General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ~~Baltimore~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4950 Curtis Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PERLY Francis Dean

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ———
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Vermont (Town, county, and state)
10. Usual Occupation Pay Roll Clerk
11. Industry or business Davison Chemical Co.

FATHER
12. Name George F. Dean
13. Birthplace Balto.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Francis H Dean
(b) Address Long Island N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. County

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern ave

19 (a) [illegible] 2 1948 Huntington Hillsmere
(Filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1948, at 1 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 4/30 1948 and that I last saw him alive on 4/30 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary occlusion, acute anterior	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert M. Carnage M. D.
Address 6226 Everall Ave Date signed 4-30-48

VS 150

662839 JL - 112940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

Registered No. 662839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 26-6
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 S. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry O'Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1900

8. AGE: Years	Months	Days	If less than one day
48	2	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Helperon truck
11. Industry or business B. Teifenbrum & Son.

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 5/3/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 (a) MAY 3 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 1 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1947 to April 25 1948. and that I last saw h im alive on April 25 1948

Immediate cause of death	Duration
Bilat. Far Advanced Pulm. TBc	4yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Marrison M.D.
Address Balto. City Hosp. Date signed 5/1/48

VS 150

48-07818

662840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 662840

Hospital Disposal

159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Since

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Piney Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Blackwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-48

8. AGE: Years | Months | Days | If less than one day 4-12 min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Morris Blackwell
13. Birthplace

MOTHER
14. Maiden Name Grace Lawrence
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Disposal by Hosp.

18 (a) Funeral director
(b) Address

MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1948 at 10 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12- 1948 to 4-17- 1948 and that I last saw her alive on 4-17- 1948.

Immediate cause of death Prematurity | Duration

Due to ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martha Taylor Schipper M. D.
Address Johns Hopkins Hosp. Date signed 4-18-48

VS 150

G62841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94a

Registered No. G62841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 27-16
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Joyce Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Rodman

3 (b) If veteran, name war: I
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years: 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Pikesville Hamilton Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 2100 Eutaw Pl.

19 (a) 5/3/48 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1948 to May 2 1948 and that I last saw h[illegible] alive on May 2, 1948.

Immediate cause of death: Acute Coronary occlusion — Duration

Due to: Arteriosclerosis

Due to: Pulmonary Edema

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged pathologically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Rutzler M.D.
Address Asst Baltimore Gen Hosp Signed May 2

X

G62842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G62842

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 8-4
(b) Street address
(c) Hospital or Institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1414 N Collington Ave
(If outside city or town limits, write RURAL, and give town)
(d) Street No. Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Engelke (Wm. ENGELKE)

3 (b) If veteran, name war: Spanish Amer.

3 (c) Social Security Account No.: none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Estella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~July 15~~ June 20 1874

8. AGE: Years 73 | Months (9) 10 | Days ~~23~~ 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: retired

11. Industry or business: U.S. Navy

FATHER
12. Name: Adolph Engelke
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dorothea Barton
15. Birthplace: Germany

16 (a) Informant: Mrs. Mildred E. Steinsdoerfer
(b) Address: 1414 N. Collington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) MAY 2 1948 (Registrar) (b) Huntington-Williams M.F.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948, at 6 P M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: coronary occlusion

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: William G Kelsch M.D.
Medical Examiner.
Date signed 4/29/48

662843

HEALTH DEPARTMENT—CITY OF BALTIMORE 662843

CERTIFICATE OF DEATH

45a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Ellwood Ave. 61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maurice Doyle

(a) Residence: No. 429 N. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Doyle

6. DATE OF BIRTH (month, day, year) June 9th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67.	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newfoundland

FATHER

13. NAME John Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anna Doyle
(Address) 429 N. Ellwood Ave

18. BURIAL, CREMATION OR REMOVAL Mt. Carmel Mem. Pk. Date May 4 19 48

19. UNDERTAKER Ulrich Funeral Home
(Address) 2008 Orleans St E

20. Date MAY 3 - 1948 By Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 30 April 1948

22. I HEREBY CERTIFY, That I attended deceased from 23 August 1947 to 30 April 1948

I last saw him alive on 29 April 1948. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Squamus cell carcinoma lip, Date of onset July 43
Metastases to cervical nodes 47
Extension to floor of mouth Dec 47

Other contributory causes of importance:

Was an operation performed? Excision Date of Aug 1944

For what disease or injury? Ca of lip

Name of operation Excision of Ca Date of Aug 44

What test confirmed diagnosis? Spec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur J. Siemaki, M. D.

(Address) 214 Medical Arts Bldg.

X

Information should be carefully supplied. Ages must be stated. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

G62844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G62844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. CAROLINE ST.
(c) Hospital or institution: ST. JOSEPH'S HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S. POTOMAC ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** HELEN MAE BOENNING ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife CARL JOSEPH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/97

8. AGE: Years 50 | Months 4 | Days 17 | If less than one day hr. min. 16

9. Birthplace PENNA
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name Bernard Baker

FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Lizzie Hamm

MOTHER 15. Birthplace Pennsylvania

16 (a) Informant Carl J. Boenning

(b) Address 717 S Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3- (month) (day) (year)

(c) Cemetery or crematory Pikesville Cemetery

Location Pikesville

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2005 Eastern Ave

19 (a) MAY 2 - 1945 (Date received by registrar) (b) Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 - 1945, at 9:03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1945 to 4/29 1945 and that I last saw h[illegible] alive on 4/29 1945

Immediate cause of death	Duration
CARDIO-RESPIRATORY FAILURE	
Due to STATUS ASTHMATICUS	
Due to	
Other Conditions BRONCHO PNEUMONIA	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy PULMONARY EDEMA, BRONCHOPNEUMONIA,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry O. Porter

Address St. Jos. Hosp Date signed 4/29/45

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. 662845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1147 Myrtle Ave.
(c) Hospital or institution: 17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Belle Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Eastern Shore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charles Dodson
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Mills
15. Birthplace Md.

16 (a) Informant Oliver Mooney
(b) Address Princeton, N. Y.

17 (a) Burial (b) Date thereof 5-3-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 3 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1948 to 4-30 1948 and that I last saw her alive on 4-29 1948

Immediate cause of death	Duration
(a) Hypertension	2 yr
Due to (b) Arteriosclerosis	
Due to (c) Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 3-5-4 Dolphin St. Date signed 5-1-48

X

G62846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. G62846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 26-5
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 Guilford Dr.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] Wm. FRANK KUSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	WIDOWED

6 (b) Name of husband or wife ELMIRA KUSTER
NEE RILEY 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 26-1889

8. AGE: Years	Months	Days	If less than one day
58	4	5	hr. min.

9. Birthplace BALTO, MD.
(Town, county, and state)
10. Usual Occupation Cook.
11. Industry or business CROSS & BLACKWELL INC

FATHER
12. Name JOHN KUSTER
13. Birthplace BALTO, MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant MR. JAMES M. DURHAM (Friend)
(b) Address 438 GUILFORD ST

17 (a) BURIAL (b) Date thereof 5/3/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location BALTO, MD

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address BALTO, MD.

MAY 3 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1948, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1948 to April 30 1948, and that I last saw him alive on April 30 1948

Immediate cause of death Respiratory failure
Aortic aneurysm c
pneumothorax

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Aortic aneurysm, pneumothorax

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gilbert M. Carouge M. D.
Address 6226 Evergreen Ave. Date signed 4-30

VS 150

662847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 662847

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. MILTON Ave.
(c) Hospital or institution: 6-2

(d) Length of stay in hospital or inst: (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County .....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. MILTON Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME ANNA G. DASHIELLS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife NICHOLAS DASHIELLS
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) DEC 1 - 1882

8. AGE: Years	Months	Days	If less than one day
65	4	29	..... hr. ..... min.

9. Birthplace BALTO., MD (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JACOB FREESEMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name JOHANNA
15. Birthplace GERMANY

16 (a) Informant MRS. EVELYN D. SMITH
(b) Address 2302 LYNDHURST AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1948, at Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1948 to Apr. 30 1948, and that I last saw h.er alive on 30 apr 1948

Immediate cause of death: Diabetic Coma — Duration: 1 day
Due to: Diabetes Mellitus — 4 years
Due to: .....
Other Conditions: Gangrene Left Leg — 1 week

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Lee M. Zimmerman M. D.
Address 2854 Hartford Rd. Date signed 3 May 48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

Registered No. G62848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 N. Streeper St
(c) Hospital or institution: 6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 N. Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdalena Grosskopf
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John H. Grosskopf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1884

8. AGE: Years 54 | Months 1 | Days 17 | If less than one day hr. min. 18 94

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Raymond Schreib
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Krebs
15. Birthplace Germany

16 (a) Informant John H. Grosskopf
(b) Address 141 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel County

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St

19 (a) [illegible] (Signature of local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948, at 4:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29, 1948 to April 30, 1948 and that I last saw her alive on April 29, 1948

Immediate cause of death: Acute Congestive Heart Failure — Duration: 15 min.
Due to: Myocarditis Endocarditis — 9 years
Due to: — Unknown
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip [illegible] Artigiani, M. D.
Address 2942 E. Fayette St. Date signed 4/30/48

VS 150

62849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G62849

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5639 Govane Ave
(c) Hospital or institution: 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5639 Govane Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vinton Lee Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-4845

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband ~~or wife~~ Margaret L. Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1900

8. AGE: Years	Months	Days	If less than one day
48	-	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Balto Gas Light
11. Industry or business

FATHER
12. Name John W. Baker
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Carroll
15. Birthplace Baltimore Md

16 (a) Informant Margaret L Baker
(b) Address 5639 Govane Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)
(c) Cemetery or crematory Morehead Park
Location Taylor Ave

18 (a) Funeral director John A Moran
(b) Address 3080 E Baltimore St.

19 (a) May 3 1948 (Date rec'd by registrar) Huntingtown Williamsville, Md Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948, at 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 10-2 1946 to 4/30 1948 and that I last saw him alive on 4/30 1948

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. O'Donnell M.D.
Address 7301 York Rd Date signed 5-4-48
Towson Md

662850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 662850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 48 Baltimore Co. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4850 Hazelwood ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY [redacted] Milchling

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-7534 A

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elizabeth Milchling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 23rd, 1873

8. AGE: Years 74 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Truck Farming

11. Industry or business

FATHER
12. Name Christian Milchling
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Englehardt
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Henry Milchling
(b) Address 4850 Hazelwood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Lutheran
Location Baltimore, Md.

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Rd.

19 (Date rec'd by registrar) MAY 3 - 1948 (Signature of) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1948 to May 2 1948, and that I last saw h. alive on May 2 1948.

Immediate cause of death cardiac failure — Duration

Due to arteriosclerotic CVD

Due to

Other Conditions carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation 29 April

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Duvall M.D.
Address University Hosp. Date signed May 2, 1948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

062851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93D

Registered No. 062851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6602 Fairdel Ave.
(c) Hospital or institution: 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6602 Fairdel Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand J. Schaefer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31st, 1905

8. AGE: Years	Months	Days	If less than one day
42	5 6	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Continental Can Co.

FATHER
12. Name Julius Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Beck
15. Birthplace Germany

16 (a) Informant Mrs. J. Schaefer
(b) Address 6602 Fairdel Ave.

17 (a) burial (b) Date thereof 5/4/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 MAY 3 1948 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 May 1948 at 8:05 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to Hypertensive Cardio-Vascular Disease.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer M.D.
Medical Examiner.
Date signed 1 May 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 50

Registered No. G62852

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2743 Edmondson Avenue
(c) Hospital or institution: 27-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4805 Pilgrim Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: NELLIE WHITE

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7-11-1871

8. AGE: Years 76 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Martin White
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Boyle
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Lissau
(b) Address 4805 Pilgrim Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) MAY 3 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-47 19 to 4-29- 19 48 and that I last saw h in alive on 4-29-48 19

	Duration
Immediate cause of death: Heart myocardial failure	
Due to: Carcinoma of Breast	app. 2 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry S. Grubb, M.D.
Address 403 Edmondson Date signed 4-30-48

VS 150

X

662853 GM. 119346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662853

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 18-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Fayette ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Samuel Kokinos

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Mar. 5, 1896

8. AGE: Years 52 | Months 1 — | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name ? Unknown
13. Birthplace ? Greece

MOTHER
14. Maiden Name ? Marguerite ?
15. Birthplace ? Greece

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Appomattox Cem.
Location Hopewell Va.

18 (a) Funeral director E. Willis Lamoreau
(b) Address 1023 W. Baltimore St.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 2 - 1948 at 12.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 30 1948, to 5 - 2 - 1948, and that I last saw h im alive on 5 - 2 - 1948

Immediate cause of death: Bronchopneumonia — Arteriosclerotic Heart Disease — Duration: 3 days

Due to: — Duration: yrs

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Robinson Jr. M. D.
Address Balt City Hosp Date signed 5/2/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662854
25-4459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1330

Registered No. 662854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore,
(c) City or town Dundalk,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8200 Bull Neck Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma M. Frieze.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-24

8. AGE: Years	Months	Days	If less than one day
23	7	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Chester Frieze
13. Birthplace Pa.

MOTHER
14. Maiden Name Bessie Owelman
15. Birthplace Pa

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 5, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey, Md.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) MAY 3 - 1948 (b) Huntington for Baltimore, Md.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 3 - 1948 at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11- 1948 to 5-3- 1948 and that I last saw her alive on 5-3- 1948

Immediate cause of death	Duration
Uremia	5 mos
Due to Chronic Pyelonephritis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Victor A. McKusick M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

628855

GM. 118765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

628855 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 8-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 E. 20th ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Dean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Henry W. Dean
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2 -1879

8. AGE: Years	Months	Days	If less than one day
68	7	27	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel King
13. Birthplace MD.

MOTHER
14. Maiden Name Margaret Amos
15 Birthplace MD,

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Balto Md.

18 (a) Funeral director Bernard A Fink
(b) Address 3603 Belair Rd.

19 MAY 3 - 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 29 - 1948, at 6.35A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7-1948, to 4-29-1948, and that I last saw her alive on 4-29-1948.

Immediate cause of death	Duration
Uremia.	
Due to Arteriolar nephro-sclerosis	
Due to	
Other Conditions Arteriosclerosis generalized	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H Vinkey Jr. M. D.
Address Balto City Hosp Date signed 29 Ap 48

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

662856

BALTIMORE CITY HEALTH DEPARTMENT

B.C. 48-0495 CERTIFICATE OF DEATH 1042

Registered No. 662856

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 S. Brunswick St.
(c) Hospital or institution: 70-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Brunswick St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES James Robert Hynes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29-48

8. AGE: Years | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Wm. Hynes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lois F. Lynch
15. Birthplace Md.

16 (a) Informant Edward Wm. Hynes
(b) Address 528 S. Brunswick St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John C. Miller
(b) Address 2334 Jefferson St.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 May 48 19 , at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Due to Upper respiratory infection

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L. Reyburn M.D. Medical Examiner

Date signed 1 May 48

VS 151

X

662857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

662857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 N. Hilton Road 17-V
(c) Hospital or institution:
Shriners Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Freemway Apts 34th & Charles
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie L. Peppler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Wid M

6 (b) Name of husband or wife Louis D. Peppler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1876

8. AGE: Years 71 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Kell
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Emma L. Dittus
15. Birthplace Richmond, Va.

16 (a) Informant Louis D. Peppler
(b) Address Freemway Apts 34th & Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Lorenz Bayer
(b) Address 5035 Park Heights Ave

19 (a) MAY 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1948 to Apr 30 1948 and that I last saw h[illegible] alive on Apr 29 1948.

Immediate cause of death Myocarditis — Duration about 3 weeks

Due to Advanced arterio sclerosis — ?

Due to Hypertension — ?

Other Conditions Cerebral Hemorrhage and paralysis — 3-26-1947

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Dabbott M.D.
Address 2220 Harrison Blvd Date signed May 3/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

662858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

662858 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Evans Street
(c) Hospital or institution: 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) over 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Evans St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jenie Wilson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1888

8. AGE: Years	Months	Days	If less than one day
59	10	11	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name James Harris
13. Birthplace Va

MOTHER 14. Maiden Name Mary Johnson
15. Birthplace Va

16 (a) Informant Jennie Thomas
(b) Address 909 Evans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 13 48 (month) (day) (year)
(c) Cemetery or crematory Pt Ad
Location Balto Md

18 (a) Funeral director Sarah L Brown Sr.
(b) Address 1084 Pennsylvania Ave
MAY 3 - 1948 (Date rec'd by registrar) Huntington for Wellington, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 10 a. m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21, 1948, to April 29 1948, and that I last saw h. alive on April 28 1948

Immediate cause of death Bronchopneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. L. Campbell M. D.
Address 630 N. Carey Date signed 5-3-48

VS 160

062859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

062859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Boone St
(c) Hospital or institution: G-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Boone St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Ida Wesley

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1887

8. AGE: Years	Months	Days	If less than one day
61	2	16	hr. min.

9. Birthplace Arundel Co Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Albert Stewart

13. Birthplace Arundel Co Md

MOTHER 14. Maiden Name Ida ?

15. Birthplace Arundel Co. Md

16 (a) Informant Mrs. Grace St Cannon

(b) Address 2605 Boone

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location Arundel Co. Maryland

18 (a) Funeral director Raymond Saunders

(b) Address 1412 E. Preston apt

19 (a) May 3 1948 (Date received by Registrar) (b) Tuntenfoss Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948 at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948 to May 25 1948 and that I last saw her alive on April 29 1948

Immediate cause of death Uremia — Duration 2 wks

Due to Chr. Glomerulo Nephritis — Duration Undet

Due to — Duration

Other Conditions Cancer. Hypertension and Cardio Arteriosclerosis (Do not state conditions, within 3 months of death) — Duration

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Garland Christett M. D.

Address 902 Franklin St Date signed May 3 1948

V S 150

662860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662860

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6-3
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Bradford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eli Day

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Parcella Wright
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 3 48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Arnold Station, Md. A.A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1948 to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Myocardial Infarction — Duration: 20 min

Due to: Arteriosclerotic cardio vascular — 7

Due to: disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation: 0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 0 at M
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.
Address Johns Hopkins Hospital Date signed 4/30/48

X

G62861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 483a

Registered No. G62861

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2454 Brentwood Ave
(c) Hospital or institution: 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2454 Brentwood ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Alexander Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mrs. Ruth Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1888

8. AGE: Years 59 Months 11 Days 7 If less than one day hr. min.

9. Birthplace ? Virginia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Wilson Miller
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Virginia

16 (a) Informant Mrs Ruth Miller
(b) Address 2454 Brentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Paynes Sanders
(b) Address 1412 E Preston St

19 (a) MAY 3 1948 (Date received by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948 at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1948 to May 2 1948 and that I last saw h[illegible] alive on May 2 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 mo

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature 2329 Gwynns Falls Parkway M. D.
Address 2329 Gwynns Falls Parkway Date signed May 3 1948

X

662862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. 662862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Thomas C. Freeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband (or wife) Bessie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar. 5 1892

8. AGE: Years	Months	Days	If less than one day
56	1	26	hr. min.

9. Birthplace Dalton Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Freeland
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Elizabeth Freeland
(b) Address White Hall Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cem
Location Jarrettsville Md.

18 (a) Funeral director John E. Melly Inc
(b) Address 2[illegible] E. Oliver St

19 (a) MAY 3- (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 1948 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1948 to 5-1 1948
and that I last saw him alive on 5/1 1948

Immediate cause of death	Duration
Pulmonary Embolism	4 days
Due to Site undetermined	
Due to	
Other Conditions Hyp CVD Edema of Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 5/1/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R A Neubauer M.D. M. D.

Address University Hosp. Date signed 5/1/48

111a

VS 153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

62863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 62863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 N. EXETER St.
(c) Hospital or institution: 5-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 N. EXETER ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louise DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	WIDOWED

6 (b) Name of husband or wife HARRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 4, 1892

8. AGE: Years	Months	Days	If less than one day
55.	1	28	hr. min.

9. Birthplace AUGUSTA. GA.
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Jerry KEYS
13. Birthplace GA.

MOTHER
14. Maiden Name Cecelia ?
15. Birthplace GA.

16 (a) Informant DAISEY CARTER
(b) Address 129 N. EXETER. St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location A.A. County, Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 364 N. Central Ave

19 (a) MAY 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1948 at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1947 to April 26 1948.
and that I last saw her alive on April 26 1948.

Immediate cause of death	Duration
Advanced Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions Anemia,	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harris A. Fox M. D.
Address 118 Biddle St. Date signed 5/3/48

VS 150

662864 BLACKWELL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 662864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 Ogston St.
(c) Hospital or institution: 17-03

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Ogston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Blackwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1903

8. AGE: Years	Months	Days	If less than one day
45 46	4	-	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name John Blackwell
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Green
15. Birthplace Va

16 (a) Informant Frances Blackwell
(b) Address 1927 Augusta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Joseph B. Locke

18 (a) Funeral director
(b) Address 3847 N. Central Ave

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948 at M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D.
Medical Examiner
Date signed May 1 1948

PLEASE WRITE PLAINLY, WITH ONE LETTER IN A SQUARE. Every question must be answered. If information cannot be obtained, state the reason. Do not leave any item blank. If unknown or if not applicable, write "unknown" or "none." Information as to cause of death must be certified to by a physician, if there was one in attendance during the last illness, or by the coroner if he investigated the case. Do not state the mode of dying, such as heart failure, asphyxia, or shock, without stating the cause of death which produced it. Indefinite or unsatisfactory causes of death will be returned for correction. Be sure that the cause of death is clearly and legibly stated. Physicians: please write the cause of death clearly and legibly.

VS 151

662865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

662865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 ParkHeights Ave
(c) Hospital or institution: 15-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Parkheights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Hyatt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-4702

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 2, 1895

8. AGE: Years 52 | Months 8 | Days - | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Louis Hyatt
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Russia

16 (a) Informant Ethel Hyatt
(b) Address 3738 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1948 (month), (day), (year)
(c) Cemetery or crematory Greater Baltimore Lodge
Location Bowleys Lane Herring Run

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 4.41

20. DATE OF DEATH May 2 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945 to May 2 1948 and that I last saw him alive on May 1 1948

	Duration
Immediate cause of death: Coronary thrombosis	15 Minutes
Due to: Coronary artery disease	3 years
Due to:	
Other Conditions: Coronary thrombosis	1945

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonas Cohen M. D.
Address 1804 Eutaw Place Date signed 5/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62866

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 94a

62866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rockland (If outside city or town limits, write RURAL and give town)
(d) Street No. Falls and Ruxton Roads (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Owen Connolly

3 (b) If veteran, name war: 1st World
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Madaline E. Connolly
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 24 - 1894
8. AGE: Years 54 | Months 3 | Days 8 | If less than one day hr. min.
9. Birthplace: Baltimore Co. Md (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business

FATHER
12. Name: Mason Connolly
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Jennie Gill
15. Birthplace: Maryland

16 (a) Informant: Mrs Madaline E. Connolly
(b) Address: Rockland, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5. 1948 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Maryland

18 (a) Funeral director: Burgee Funeral Home
(b) Address: 3621 Falls Road

19 MAY 3 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1948, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH A Coronary Artery Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Earle Ryan M.D. Medical Examiner
Date signed: May 7 8

X

662867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

662867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Don Decours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4137 Roland Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Margaret Mary McCourt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-3280

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8- 1905

8. AGE: Years 43 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Maryland Casualty Co.

11. Industry or business

FATHER
12. Name Charles J. McCourt
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Ziegler
15. Birthplace Maryland

16 (a) Informant J. Irvin McCourt
(b) Address 815 Merchantile Trust Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-1948 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 631 Falls Road

19 (a) MAY 3 1948 (Filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to May 1 1948, and that I last saw h.. alive on May 1 1948.

Immediate cause of death: Peripheral Circulatory Collapse — Duration: 2 hrs.
Due to: Ruptured Esophageal Varices — three
Due to: Portal Cirrhosis — Unk.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick L. Steichel Jr. M. D.
Address Don Decours Hosp. Date signed May 4, 1948

VS 15C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √1310

Registered No. 62868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 18-7
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 North Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Branch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Widower

6 (b) Name of husband or wife Eliza Branch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Richmond Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Laura McAbee
(b) Address 1110 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 10 15 P M

21. I certify that I took charge of the remains described above, held an Inquest inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Ryon M.D. Medical Examiner.
Date signed April 29, 1948

VS 151

662869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

662869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Sarah Ann St.
(c) Hospital or institution: 18-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore-23
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Sarah Ann
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Florence Augustus

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Femal | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 65 | Months — | Days — | If less than one day hr. min.

9. Birthplace King George Co. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Allen
13. Birthplace King George Co. Va.

MOTHER
14. Maiden Name Hannah ?
15. Birthplace King George Co. Va.

16 (a) Informant Geneva F. Brooks
(b) Address 2145-9 Druid Hill Ave.

17 (a) Burial (b) Date thereof 5/9/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory W. Ft. Auburn Ave.
Location

18 (a) Funeral director Mrs. Katie B. Williams
(b) Address 3329 W. Lenrose St.

19 MAY 3 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1948, to April 29 1948 and that I last saw her alive on April 23 1948

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Hypertensive Heart Disease	
Due to Hypertension	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Wallace Stevenson M.D.
Address 201 N. Carey St. Date signed 5/1/48

662870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 18-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Freemont
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST SCRIBNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Bessie B. Scribner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1894

8. AGE: Years 53 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wesley Scribner
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Harriett Pulley
15. Birthplace Virginia

16 (a) Informant Berdella Bloard
(b) Address 2919 Northeast Ave Baltimore

17 (a) Burial (b) Date thereof May 3 1948
(Burial, cremation, or removal)
(c) Cemetery or crematory Pt Auth Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

MAY 3 - 1948 Huntington Williams, Registrar
(Date rec'd by reg.)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/48 19 , at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Their death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 4/30/48

X

Please write plainly, with pen and ink. Entry must be made of cause of death, or of omission of same, in every case. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62871

AB-118060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G62871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4-V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 14yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Grinaveckis

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-0658

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years 55? | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1948 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Road

18 (a) Funeral director John J. Greblunchas Jr.
(b) Address 1423 S. Paca St.

MAY 3 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1- 1948, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1948, to 5-1- 1948, and that I last saw him alive on 5-1- 1948.

	Duration
Immediate cause of death Carcinomatosis	yrs
Due to Ca of the stomach	
Due to	mos
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3/15/48

Major findings of operation: Ca stomach

Microscopic Exam Confirmed

of autopsy: Confirmed carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.
Address Balt. City Hosp. Date signed 5/3/48

X

PERSONS WILLFULLY FALSIFYING, WITH INTENT TO DEFRAUD, ANY STATEMENT OR ENTRY RELATING TO THE DEATH OF ANY PERSON, OR WILLFULLY NEGLECTING OR REFUSING TO MAKE A RETURN OF INFORMATION REQUIRED BY THE BOARD OF SANITARY SUPPLIES. THE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V186a

Registered No. G62872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. Exeter St.
(c) Hospital or institution: 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S. Exeter (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Letizia Lozzi

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or ~~wife~~: late Gaspare Lozzi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 17 1859

8. AGE: Years 88 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace: Larina Campobasso Italy (Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Giovanni Sammartino
13. Birthplace: Italy

MOTHER
14. Maiden Name: Maddalena Iuliano
15. Birthplace: Italy

16 (a) Informant: Nick Lozzi (Son)
(b) Address: 919 FAWN. ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1948 (month) (day) (year)
(c) Cemetery Holy Redeemer Cemetery
Location Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) MAY 3 1948 (Date rec'd by registrar) (b) Thomas J. Williams, M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948, at 7:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 1948 to May 1, 1948 and that I last saw her alive on May 1, 1948.

	Duration
Immediate cause of death: Congestive Heart Failure	1 day
Broncho-Pneumonia	4 days
Due to: Arteriosclerosis	Unknown
Due to:	
Other Conditions: Fracture neck of left femur April 10, 1948 (Include pregnancy within 3 months of death)	

Date of operation: April 14, 1948
Major findings of operation: Fracture neck of left femur.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 4-10-48 at ? M
(c) Where did injury occur? 304 S. Exeter (City or town) (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Slipped & fell on floor

23. Signature: Philip A. Grugan, M.D.
Address: 2942 E. Fayette St. Date signed 5/3/48

G62873 G62873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N 1
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 183 W Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther Godwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male | Color or race Colored | 5 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Hazel

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) 5-18-25

8. AGE: Years 22 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Luther Godwin
13. Birthplace N.C.

MOTHER 14. Maiden name Roberta Watson
15. Birthplace N.C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1948 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.
Location Brooklyn Md

18 (a) Funeral director Clive O. Wilson
(b) Address 1000 Bloomingdale

19 (a) MAY 3 1948 (Date rec'd by Registrar) (b) Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-48 6:58 P

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1948 to 4-29 1948 and that I last saw h[illegible]ive on 4-29 1948

Immediate cause of death
UREMIA
due to chronic glomerulonephritis
Due to
Due to
Other Conditions 0
(Include pregnancy within 3 months of death)

Duration ? 20 days 5 years at least

Date of operation 0
Major findings of operations
of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 0 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.
Address Johns Hopkins Hosp. Date signed 4/30/48

X

662874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

662874 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Use the word "None" where it is applicable. Do not leave any blanks. Be particular and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Isham Evans
13. Birthplace Virginia

MOTHER — 14. Maiden Name Roberta Jones
15. Birthplace Virginia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Chas O. Wilson
(b) Address 1010 Brantly Ave

19 (a) 2 1948 (Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 1 1948 and that I last saw h[illegible] alive on May 1 1948.

	Duration
Immediate cause of death: Emaciation	
Due to: Adenocarcinoma of cervix	
Due to:	
Other Conditions: Metastases To lungs, Long, mediastinum	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Jane Hapgood M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/1/48

X

HEALTH DEPARTMENT—CITY OF BALTIMORE 662875

662875

CERTIFICATE OF DEATH

✓ 198

1. PLACE OF DEATH 954 Forrest St

Registered No.

CITY OF BALTIMORE: (No. Md. Pen. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie Smith Jr

If U. S. Veteran specify WAR

(a) Residence: No. 10-0 954 Forrest St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/12/1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hurlock, Md
(State or country)

FATHER

13. NAME Allie H. Smith Sr.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Dora Lake

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Decent
(Address)

18. BURIAL, CREMATION, OR REMOVAL St Clair Cem 5-4-48
Place Cambridge, Md. Date 19

19. UNDERTAKER L. M. St Clair
(Address) Cambridge Md

20. FILED 1948 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1948

22. I HEREBY CERTIFY That I attended deceased from 7-1 19[illegible] to 4-30 1948

I last saw him alive on 4-30 1948 Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 4th Cervical Vertebra	

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Hanging

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry D. Hollis M. D.

(Address) Md. Penitentiary

4-30-48

X

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

662876

AB-118661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

662876 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:
4940 Eastern Ave. 3-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23days
(e) Length of stay in Baltimore (yrs., mos., or days) 43yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Elizabeth Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Sherman(D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept- 29-1889

8. AGE: Years 58 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph James Hayward
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Tull
15 Birthplace Maryland

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Baltimore, Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1010 Bluntley Ave

(c) Date MAY 3 1948 (By registrar) Hampton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26- 1948 at 4.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3- 1948 to 4-26- 1948 and that I last saw here alive on 4-26- 1948

Immediate cause of death	Duration
Uremia.	
Due to Lower nephron nephrosis	
Due to Severe burns	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-6-47 at ? M
(c) Where did injury occur? 411 S. Caroline St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Scalding water

23. Signature William H Watkins Jr. M. D.

Address Balto City Hosp. Date signed 30 Ap 48

Howard J. Haggerty, M.S. over

VS 199

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registration No. 668877

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Cliftview Ave
(c) Hospital or institution: 8-5

ABOVE ADDRESS
(d) Length of stay in ~~hospital or inst.~~ (yrs., mos., or days) 10 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 CLIFTVIEW AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME CHRISTOPHER HANDLER

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife AMELIA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 14, 1860

8. AGE: Years 87 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation PAINTER (RETIRED)
11. Industry or business BALTO CITY

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name KATHERINE
15. Birthplace

16 (a) Informant MISS KATHERINE HANDLER
(b) Address 1601 Cliftview Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/48 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET
Location BALTO. MD.

18 (a) Funeral director WM. J. TICKNER & SON
(b) Address BALTO. MD.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1948, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1948 to April 30 1948 and that I last saw him alive on April 30 1948

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertensive Cardio-Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1331 E. Northern Date signed 5-2-48

VS 150

062878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 137a

Registered No. 062878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 15-3
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 16 Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1435 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances W. Rouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hannah J. Rouse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1 1870

8. AGE: Years 77 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business P. R. R.

FATHER
12. Name Edwin Rouse
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J. Hoffman
15. Birthplace Balto Md.

16 (a) Informant [redacted] W. Rouse
(b) Address 1435 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Co. Md

18 (a) Funeral director Wm. J. Lichtenberg & Sons
(b) Address Baltimore, Md

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1948 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1948 to 5-1 1948 and that I last saw h[redacted] alive on 5-1- 1948

Immediate cause of death: Cardiac Failure — Duration

Due to uremia

Due to Hypertrophied prostate causing obstruction.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. Martin M.D.
Address Md. Gen. Hospital Date signed 5-3-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193C

Registered No. 62879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Clydesdale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Clydesdale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey L. Hale

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Carrie L. Hale
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) April 21, 1900

8. AGE: Years	Months	Days	If less than one day
48	-	11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Receiver.
11. Industry or business Balto Transit Co

FATHER
12. Name George Hale.
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Snyder.
15. Birthplace Md.

16 (a) Informant Carrie L. Hale.
(b) Address 4402 Clydesdale Ave.

17 (a) Burial (b) Date thereof May 5, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Paul E. L. Lemmuth Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) Received by registrar MAY 5 1948 Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1948, at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1947 to May 2 1948
and that I last saw him alive on May 1 1948

Immediate cause of death: Cardiac decompensation — Duration 5 mos
Due to: Rheumatic C-V disease — 20 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Krenger
Address 1428 Kingsway Rd Date signed 5-3-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 85704

G62880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74B

Registered No. G62880

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-05 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 E. Preston St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine Cox

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1943

8. AGE: Years	Months	Days	If less than one day
4	2	10	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Russell B. Cox
13. Birthplace Independence, Va.

MOTHER
14. Maiden Name Mary Meredith
15. Birthplace Baltimore, Md.

16 (a) Informant Mary T. Cox
(b) Address 716 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 505 N. Calvert St.

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1948, to 5-2 1948, and that I last saw her alive on 5-2 1948.

Immediate cause of death	Duration
Acute Leukemia	months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation: Leukemia
Examination in full at the Path. Lab.
of autopsy: in the Path. Lab.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Helmholz M. D.
Address Mercy Date signed 5-2-48

662881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registration No. 662881

662881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 16-3
(b) Street address.....
(c) Hospital or institution: Md. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Dittman Court (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME (Deceased) Charles Potts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 74 | Months | Days | If less than one day: hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or cremator[illegible] University Medical School MAY 3 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAY 3 - 1948 (Date rec'd by registrar) (b) Timothy [illegible] Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948, at 1:00 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at ..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?.....
(d) Means of injury.....

23. Signature Emil Kogel M.D.
Medical Examiner.
Date signed.....

Physicians: please write the cause of death clearly and legibly. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

662882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. 662882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 ✓
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 844 South Futon (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche DENISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant:

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Johns Hopkins University Medical School MAY 3 1948

18 (a) Funeral director

(b) Address Commissioner of Health

1948 MAY 3 - 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/48 19 , at 9:15 A.M.

21. I certify that I took charge of the remains described above, held an Inspection — Inq Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.

Date signed 4/22/48

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 662883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 27-5 Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Woodhome Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Yeatz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1874

8. AGE: Years	Months	Days	If less than one day
73	5	1	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel P. Yeatz
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Tepley
15. Birthplace Pa

16 (a) Informant Esther Yeatz
(b) Address 3018 Woodhome Ave

17 (a) Burial (b) Date thereof 5/4/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. George's Cemetery
Location Mt. Sobaggie, Md

18 (a) Funeral director Howard N. Blight Jr
(b) Address 6009 Harford Road

MAY 4 1948 (b) Huntington for Williams Mgr
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to 5-3 1948, and that I last saw h[illegible] alive on 5-3 1948.

Immediate cause of death	Duration
Myocardial degeneration	5 days
Due to Coronary thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Schmitt Jr M. D.
Address Mercy Date signed 5-3-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G62884

Every item of information should be carefully supplied. Please write plainly, with unfading ink. Erasures or alterations void certificate. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6-4 D-4
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married

6 (b) Name of husband or wife Mary Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10th 1888

8. AGE: Years 59 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Bertrand
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ National
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 MAY 4 - 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1948, at 5:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] Medical Examiner. M.D.
Date signed 5/2/48

VS 151

662885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 95B

662885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 12-5
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 Pitcman Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel M. COLE

3 (b) If veteran, name war N

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1901

8. AGE: Years 46 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Walter C White

13. Birthplace Md

MOTHER 14. Maiden Name Alice Mitchell

15. Birthplace Md

16 (a) Informant Joseph A Cole

(b) Address 436 Pitcman Place

17 (a) Burial (b) Date thereof 5/6/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mount Olivet
Location Baltimore Md

18 (a) Funeral director Pellegrini & Ford

(b) Address 1217 E Fort Ave

19 MAY 4 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948, at 8 40 M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Left subdural hemorrhage.
Chronic rheumatic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 6/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 131

G62886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Sidney Avenue
(c) Hospital or institution: 253

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Sidney Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Jane Higdon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: George W. Higdon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 26, 1864

8. AGE: Years 83 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Lee Creighton
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Jane Gable
15. Birthplace Baltimore, Maryland

16 (a) Informant Mary A. Kaplan
(b) Address 2119 Sidney Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948, at 5:15 A. M

21. I certify that death occurred on the date stated above, at [illegible] that I attended deceased from [illegible] 19 48 to May 3 19 48 and that I last saw h[illegible] alive on [illegible] 19[illegible]

Immediate cause of death: Cerebral thrombosis — Duration 2 days

Due to:

Due to:

Other Conditions: Arteriosclerosis C.V.D.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schofield M.D.
Address 2101 Arlington Date signed 5/3/48

83B

G62887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓46E

Registered No. G62887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland Gen Hosp. 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 N. Chester st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband Charles Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	8	14		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

MOTHER / FATHER

12. Name James Patterson

13. Birthplace Pa

14. Maiden Name Catherine Schutter

15. Birthplace Pa.

16 (a) Informant Chas. R. Miller

(b) Address 4219 Ivanhoe Ave

17 (a) Burial (Burial, ~~cremation,~~ or removal) (b) Date thereof 5/7/48
(month) (day) (year)

(c) Cemetery or ~~crematory~~ Balto.
" Md.
Location

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION 48

20. DATE OF DEATH 5 - 2 1948, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1948 to 5-2 1948
and that I last saw h[er] alive on 5-2 1948

Cause of death	Duration
Immediate cause of death: peripheral circulatory collapse	
Due to: Bilateral Coronary thrombosis + cerebral hemorrhage	
Due to: Stone in common duct + Ca of colon and generalized arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-26-48

Major findings of operation: Obstruction of Common duct - stone in 2nd portion of Ca of colon

of autopsy: - generalized abdominal arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Pedowitz M. D.

Address Maryland Gen Hosp Date signed 5-3-48

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62888 CERTIFICATE CORRECTED 5/28/48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G62888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4705 Schley Ave
(c) Hospital or institution: 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4705 Schley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband or ~~wife~~ Thomas A. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25th 1882

8. AGE: Years 65 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Danville Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Benj. F. ~~Paine~~ Spaine
13. Birthplace Danville Va.

MOTHER
14. Maiden Name (Unknown) Gates
15. Birthplace Danville Va.

16 (a) Informant Thomas A. Smith
(b) Address 4705 Schley Ave

17 (a) Burial (b) Date thereof 5/4/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Meadow Ridge
Location Prince Geo. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1948, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1947 to April 30 1948, and that I last saw h[illegible] alive on April 30 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr.
Due to: Fractured Arteriosclerosis
Due to:
Other Conditions: Hemiplegia since Dec. 1947
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lachman M. D.
Address 4930 Belair Rd Date signed May 1, 1948

X

62889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G62889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Patapsco Ave
(c) Hospital or institution: 25

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand A Mouffer

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 214-01-9440

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 8 1893

8. AGE: Years 74 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Cooper Retired

11. Industry or business

FATHER
12. Name Casimir Mouffer
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mary Ann Schnitker
15. Birthplace Switzerland

16 (a) Informant Monica A Mouffer
(b) Address 1305 Patapsco Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Md

18 (a) Funeral director Fallon Funeral
(b) Address 2114 Pont

19 (a) MAY 4 1948 (Date rec'd by registrar) (b) Huntington Ave Baltimore MD (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1948 to May 2 1948 and that I last saw him alive on May 2 1948

Immediate cause of death: Heart Failure — Duration

Due to Hypertension Carotid Sclerosis Myocardial disease

Due to

Other Conditions Carcinoma of prostate

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Patapsco Date signed

131a

662890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

662890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 E. Oliver st
(c) Hospital or institution: 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4704 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edward Vincent Paul Holtzman

3 (b) If veteran, name war ~~a~~

3 (c) Social Security Account No. 214-03-1755

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Elmira Mank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12th 1916

8. AGE: Years	Months	Days	If less than one day
31	7	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Spreader
11. Industry or busines Sadium Mfg Co.

FATHER
12. Name Henry Holtzman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Christina Park
15. Birthplace Balto. Md.

16 (a) Informant Elmira Holtzman
(b) Address 4704 Belair Rd.

17 (a) Burial (b) Date thereof 5/4/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St

19 MAY 4 1948 (Huntington Williams M.D.)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1948, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 10 1948 to April 30 1948 and that I last saw h~~im~~ alive on April 29 1948.

Immediate cause of death: Uremia — Duration 3 months
Due to Chronic Glomerulonephritis — 10 years
Due to Hypertension — 10 years
Other Conditions Hypertensive (CVI) Cardiovascular Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter J. Polak
Address 424 N Fulton Ave Date signed May 4 48

PLEASE WRITE PLAINLY, WITH CARBON INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

VS 193

062891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 483a

062891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Division St
(c) Hospital or institution: 17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 - 1846

8. AGE: Years: 99 | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benj. Gross
13. Birthplace Md

MOTHER
14. Maiden Name Christine Hardman
15. Birthplace Md

16 (a) Informant Earle Davis
(b) Address 1310 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A. Adams
(b) Address 1422 Westfield St

19 MAY 4 1948 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1948, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/48 19 to 4/30/48 19, and that I last saw alive on 19

Immediate cause of death	Duration
Cerebral Hemorrhage	4 Days
Due to	
Due to Hypertension and Arteriosclerosis	4/1/48
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1107 Hanlon Date signed 5/1/48

48-04652

62892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 104a

62892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1-4
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Elliott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Deanna ZELLER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife Infant
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1948

8. AGE: Years | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Zeller
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Dorothy Hoyt
15. Birthplace Balto. Md.

16 (a) Informant John Zeller
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Wendell J. Dippel
(b) Address 312 S. Highland Ave.

19 MAY 4 - 1948 (Date rec'd by registrar) (b) Huntingtown, Maryland Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1948 at 3 15 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Upper respiratory infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. (Medical Examiner)
Date signed 5-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

062893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. 062893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 13-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2641 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George (John) McDermott

3 (b) If veteran, name war WW #1

3 (c) Social Security Account No. 217-07-4010

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 15, 1890

8. AGE: Years 58 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name JAMES H. McDERMOTT
13. Birthplace IRELAND

MOTHER
14. Maiden Name ANNIE E. NEVILLE
15. Birthplace IRELAND

16 (a) Informant MR. FRANK H. McDERMOTT
(b) Address 340 E MARY DUE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTO. MD.

18 (a) Funeral director NEW T. TICKNER & SONS
(b) Address BALTO. MD.

19 MAY 4 - 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948, at 8 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry) Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

662894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 662894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-2
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. 4514 Arabia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Fuchs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Ward Van Anthony

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3, 1888

8. AGE: Years 60 Months 60 Days 1 29 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John H. Hamplaus
13. Birthplace Germany

MOTHER
14. Maiden Name Elz Zoller
15. Birthplace Germany

16 (a) Informant Mrs John Sherper
(b) Address 4514 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 48 (month) (day) (year)
(c) Cemetery or crematory Bells Lane
Location North ave

18 (a) Funeral director L. HECHMANN & SON
(b) Address 6067 Harford Rd

19 (a) MAY 4 1948 (Rec'd by registrar) (b) Interment or Cremation

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 48, at 11.35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage, spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl A. Rogers M.D. Medical Examiner.
Date signed May 5 48

VS 151

Physician: Fill in items 1 to 23 inclusive, with ONE ONLY cause to a line. Every item must be answered. Do not use abbreviations. Be sure that the statement of information agrees with the certificate already supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G62895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSP. 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 E. 30TH ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY G. ROEBUCK

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: —

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: HENRIETTA J. ROEBUCK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 25, 1865

8. AGE: Years 79 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation PRINTER

11. Industry or business SELF.

FATHER
12. Name JAMES ROEBUCK
13. Birthplace ENGLAND

MOTHER
14. Maiden Name ELIZA MANNING
15 Birthplace IRELAND

16 (a) Informant MR. CHARLES M. ROEBUCK
(b) Address 1722 WINDMERE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/5/45 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD CEM.
Location BALTO. MD.

18 (a) Funeral director WM. J. TICKNER & SON
(b) Address BALTO, MD.

19 (a) MAY 4 1945 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1945, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1945 to 5-3 1945, and that I last saw h/im alive on MAY 2, 1945.

Immediate cause of death Chronic Leukemia and Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions Arteriosclerosis Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen Y. Wolinsky M. D.
Address Sinai Hosp. Date signed 5-3-45

VS 150

X

64896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. 64896

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert and Saratoga Sts

(c) Hospital or institution: Mercy Hospital 27-11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4409 N. Charles St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) FULL NAME John Roland Hunt

(b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Cora Cherry Hunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1886

8. AGE: Years 62 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland (West River) (town, county, and state)

10. Usual Occupation Owner President

11. Industry or business J.R. Hunt Co., Inc.

FATHER — 12. Name John Henry Hunt

13. Birthplace Md.

MOTHER — 14. Maiden Name Georgia Peake

15. Birthplace Md.

16 (a) Informant Mrs. James M. Petty, Jr.

(b) Address 4409 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem. Pikesville, Md.

Location

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa., Balto., Md.

19 MAY 4 1948 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1948 at 7.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1948 to 5/3 1948 and that I last saw h[illegible] alive on 5/3 1948

Immediate cause of death: Carcinoma of prostate — Duration: ?

Due to: Metastases to lungs pleura and liver

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry V. Chase M.D.

Address Mercy Hospital Date signed 5/3/48

G62897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G62897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2842 Mayfield Ave.
(c) Hospital or institution: E-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2842 Mayfield Ave. 13 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHARINE MARGARET JOICE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George Samuel Joice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1886

8. AGE: Years 61 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Young
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret Weinrich
15 Birthplace Md.

16 (a) Informant Mr. Geo. S. Joice, husband
(b) Address 2842 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 6 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1948, at 9 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1948 to Apr 30 1948 and that I last saw h. alive on Apr 30 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Coma	
Due to Chr. Nephritis, Hyper.	3 yrs.
Tension Arter. Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C N Hayden Jr
Address 1520 E. 33rd St Date signed May 3/48 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19 49

Registered No. G62898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Moreland Ave
(c) Hospital or institution: 15-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Moreland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Margaretha Harker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1869

8. AGE: Years 78 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Wm. Carr

13. Birthplace Germany

MOTHER 14. Maiden Name Faut

15. Birthplace Germany

16 (a) Informant Mrs. Frank. Knapp

(b) Address 1522 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/49 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore Co. Md

18 (a) Funeral director Wm. J. Tschudi & Son

(b) Address Baltimore, Md.

19 MAY 4 - 1948 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1948 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to April 30 1948 and that I last saw h.er alive on April 30 1948

Immediate cause of death: Myocardial Infarction

Due to: Arteriosclerosis, Generalized Senile Decay

Due to: Cerebral Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 days; 7 mos; 70 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. [illegible]

Address 9858 Harford Date signed 5/3/49

VS 150

62899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registration 62899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Clifton Ave
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William H. WHEATLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: MARY A. (LEE PRICE)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 6, 1858

8. AGE: Years 89 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace BALTO (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business STATE

FATHER
12. Name Chas B. Wheatle
13. Birthplace —

MOTHER
14. Maiden Name Mary C. Spackel
15 Birthplace Germany

16 (a) Informant Mrs. Beatrice K. Knight
(b) Address 2919 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Balto Co. Md

18 (a) Funeral director Chas. J. Tickner & Sons
(b) Address Balto Md

19 MAY 4 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS. 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1948 to 5/2 1948 and that I last saw h alive on 5/2/48 19

Immediate cause of death	Duration
Cerebral Hemmhage	5 days
Due to Hypertension & Arterio Sclerosis	12 days
Due to Arterial Sclerosis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C B Wheatle, M.D.
Address 1279 Williams Date signed 5/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

662900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/21a

662900 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Gold St.
(c) Hospital or institution: 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Gold Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lozina Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 66 Months Days If less than one day hr. min.

9. Birthplace Pocomoke City, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis Conquest
13. Birthplace Pocomoke City, Md.

MOTHER
14. Maiden Name Lozina Conquest
15. Birthplace Pocomoke City, Md.

16 (a) Informant Frederick Quinn (Son)
(b) Address 606 Gold Street

17 (a) (Burial, cremation, or removal) (b) Date thereof May 5, 1948 (month) (day) (year)
(c) Cemetery or crematory
Location Pocomoke City, Md.

18 (a) Funeral director Edward Kingsold
(b) Address 1463 N. Carey Street

19 (c) MAY 1948 (Date received by registrar) (Huntington Williamsport) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to May 1 1948, and that I last saw h alive on May 1 1948.

	Duration
Immediate cause of death Hypostatic Congestion	
Due to Hypostatic Pneumonia Carbon Monoxide	1
Due to Essential Hypertension and Nephritis	
Other Conditions Left Hemiplegia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1707 Madison Date signed 5/13/48

VS 150

KW X

62901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. G62901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Fun
(c) ~~Hospital or institution:~~
Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Scotts Level Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clifford Johnson

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Color
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1913
8. AGE: Years 35 | Months | Days | If less than one day: hr. min.
9. Birthplace: Randalls Town Md (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:
FATHER 12. Name: Rudolph Johnson
13. Birthplace: Randallstown Md
MOTHER 14. Maiden Name: Mary Young
15. Birthplace: Randallstown Md
16 (a) Informant: Loretta E. Johnson
(b) Address: 1905 Woodyear St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7 1948 (month) (day) (year)
(c) Cemetery or crematory: Balto Nat Cemetery
Location: Balto
18 (a) Funeral director: V.a Brooks
(b) Address: 1623 N. Carey St
MAY 4 - 1948 (Date rec'd by registrar) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-1 1948, at 12:15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-1948, to Same 19, and that I last saw h.i. Malive on 5-1 19 48.

Immediate cause of death	Duration
Burns - 2° + 3° from knees up	
Due to accidental burning in home	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 5-1-48 at ? M
(c) Where did injury occur? Pikesville (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Burning of house
23. Signature: Gill Hollingsworth M. D.
Address: Univ Hosp Date signed: 5-1-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

VS 150-1

To Dr. J.R. Davis, Co Home
J. Williams, M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. GG29012

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Wilkens Ave
(c) Hospital or institution: 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline Webb

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-2554

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Late James R. Webb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1903

8. AGE: Years 44 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Horn + Horn

11. Industry or business Restaurant

FATHER
12. Name Harry E. Ault
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Fox
15. Birthplace Md

16 (a) Informant
(b) Address 1612 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3401 Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 E Lombard Ave

19 MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams Md Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 2:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute alcoholism

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Bright M.D.
Medical Examiner
Date signed May 4 48

PLEASE WRITE PLAINLY, with permanent ink. Every question must be answered. Use additional sheet if necessary. Be sure information entered is correct. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66-2903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 66-2903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Wilkens Ave
(c) Hospital or institution: 20-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Beres

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 · 19 · 1883

8. AGE: Years 65 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Hungary (town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name — Rosa

13. Birthplace Hungary

MOTHER 14. Maiden Name Katherine Kertag

15. Birthplace Hungary

16 (a) Informant Michael Beres

(b) Address 2018 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1948 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3801 Frederick Rd

18 (a) Funeral director Harry E. Wilkes

(b) Address 4101 Edmondson Ave

19 (a) May 4 1948 (b) [illegible] Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1948 to 5/1 1948, and that I last saw h[illegible] alive on 5/1 1948

	Duration
Immediate cause of death Hypertensive Cardio vascular disease	16 mons
Due to Cerebral Hemorrhage	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide?

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 6030 Wilkens Date signed 5/4/48

VS 150

av +

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 162904

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 28-4
(b) Street address 225 S. Athol Ave
(c) Hospital or institution General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27 1877

8. AGE: Years	Months	Days	If less than one day
71		4	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Emmanuel Schneider

13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta Kestler

15. Birthplace Balto. Md

16 (a) Informant General German Aged Peoples

(b) Address 225 S. Athol Ave Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 48 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3601 Fredk. Rd

18 (a) Funeral director Harry H. Nuttle

(b) Address 4101 Edmondson Ave

19 MAY 4 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 48 19 1.55 P.M. at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25/48 to May 1/48; and that I last saw him alive on Apr. 30/48

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days.
Due to	
Due to	2 days.
Other Conditions Broncho-Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:

Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

PHYSICIAN

Underline the cause to which death should be charged statistically.

15. Signature Henry Wade Rucker M. D.

Address 933 Hanover St. Date signed May 3/48

VS 150

662905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160c

Registered No. 662905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 Link Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby S. Miller.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-48

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation Infant.
11. Industry or business

FATHER
12. Name Mr George Miller Jr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Thelma Price
15. Birthplace Penn.

16 (a) Informant Same
(b) Address

17 (a) Burial (b) Date thereof 5-5-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Fullerton Fayette St.

MAY 4 - 1948
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1948 to 5-3 1948 and that I last saw her alive on 5-3 1948.

Immediate cause of death	Duration
Intrapartum placental Sepsis.	
Due to	
Due to	
Other Conditions Prematurity.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Fuellsperger M. D.
Address Date signed

X

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G62906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G62906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 243 Laurens St.
(c) Hospital or institution: none 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 Laurens St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Don C. Newport, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ruey Warden

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) November 7, 1882

8. AGE: Years 65 | Months 5 | Days 24 | If less than one day: hr. min.

9. Birthplace Scott Co., Tenn. (Town, county, and state)

10. Usual Occupation insurance salesman

11. Industry or business

FATHER
12. Name Montregall Newport
13. Birthplace Tenn.

MOTHER
14. Maiden Name Elizabeth Sharp
15. Birthplace Tenn.

16 (a) Informant F. Sigle Newport
(b) Address 243 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery ~~to crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1948, to May 1 1948, and that I last saw h[illegible] alive on May 1 1948.

Immediate cause of death Cardiac decompensation

Due to ?

Due to ?

Other Conditions ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles L. Newcomer M.D.

Address 1730 Linden Ave. Date signed 5/4/48

X

G62907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G62907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2225 McHENRY ST.
(c) Hospital or institution: NONE 20-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 McHenry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARMELO DiGRISTINE

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-9371

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of ~~husband~~ or wife MADELINE

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ITALY (Town, county, and state)

10. Usual Occupation VENDOR (FRUIT)

11. Industry or business

FATHER
12. Name ?
13. Birthplace ITALY

MOTHER
14. Maiden Name ?
15. Birthplace ITALY

16 (a) Informant John C. Fiske
(b) Address 2221 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road

18 (a) Funeral director Joseph Lanasa & Sons
(b) Address 2013 Greenmount Ave

MAY 4 - 1948 (Date rec'd by registrar) (b) Registrar Huntington Williams

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1948, at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1948, to 5-2 1948, and that I last saw h~~e~~ alive on 5/2 1948

Immediate cause of death: Acute Cardiac Failure — Duration 10 Hrs
Due to Coronary Thrombosis Renal — 5 yrs
Due to Prostate
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph S. Lanasa Sons M. D.
Address 2013 Greenmount Ave Date signed 5/5/48

62908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90 B

Registered No. 62908

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del. (b) County Sussex
(c) City or town Selbyville (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 225 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Showell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Maude
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) 9-21-10
8. AGE: Years 37 Months 7 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation mechanic
11. Industry or business
12. Name of FATHER: John Smith
13. Birthplace of FATHER: Md
14. Maiden Name of MOTHER: Nellie Showell
15. Birthplace of MOTHER: Md
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Long Cem
Location Selbyville Del
18 (a) Funeral director Henry H Watson
(b) Address Pocomoke City Maryland
19 MAY 4 1948 (Date rec'd by registrar) (b) Huntington White

MEDICAL CERTIFICATION 35 L

20. DATE OF DEATH May 3 1948 at 1 M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1948 to 5/3 1948 and that I last saw h[illegible] alive on 5/3 1948

Immediate cause of death: Heart failure — Duration
Due to: Constricture pericardites
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Philip A. Turnbull M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

G62905 11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

Registered No. G62909

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-4
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Leott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caswina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-00

8. AGE: Years 48 | Months - | Days 13 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Leott

13. Birthplace Md

MOTHER 14. Maiden Name Laura Leott

15. Birthplace JOHNS HOPKINS HOSPITAL Md

16 (a) Informant Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location C & D Co

18 (a) Funeral director Robert S Williams

(b) Address 1515 McCulloh St

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington W. Williams M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948; at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1948 to May 2 1948 and that I last saw h[illegible] alive on May 2 1948

	Duration
Immediate cause of death: Pneumonia LLL	18 hours
UREMIA	6 months
Due to: Acute Glomerulonephritis	15 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation: 0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/2/48

X

62910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 62910

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Whiteford (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Charles Shamberger.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, ~~married~~, ~~widowed~~, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1948

8. AGE: Years | Months 1 | Days 8 10 | If less than one day ... hr. ... min.

9. Birthplace Whiteford, Maryland RFD (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Harry G. Shamberger
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Emma Kilgore
15 Birthplace Pennsylvania

16 (a) Informant Harry G. Shamberger
(b) Address Whiteford Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1948 (month) (day) (year)
(c) Cemetery or crematory Sunnyside, Pa
Location Pine Grove

18 (a) Funeral director W. Harvard Wyatt
(b) Address Tawn Grove, Pa.

19 (a) MAY 4 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1948 to May 4 1948 and that I last saw h.i.m. alive on May 3 1948.

Immediate cause of death	Duration
Heart Failure	
Due to Congenital Heart Disease	5 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Smith, Jr. M.D.
Address Union Memorial Hosp. Date signed 5/4/48

VS 150

662911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

662911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and if any cannot be ascertained, state the fact. Use black ink or typewriter. Do not abbreviate. Give full name of street and number, or other exact location. Write the word "None" where it is applicable. Do not use ditto marks. Be sure to answer questions relating to time, as well as character of occupation, and to give the full name of business or employer. Write the cause of death clearly and legibly. Physicians: please write correct age in the space provided. The information called for in this certificate is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5719 Ridgedale Road
(c) Hospital or institution: 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 91 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5719 Ridgedale Road (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ----

3 (a) FULL NAME Magdaline Melis Geiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John W. H. Geiger
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr) Aug 7 1856

6. AGE: Years 91 | Months 9 | Days 0 | (If less than one day) ..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Martin Melis
13. Birthplace Germany

MOTHER 14. Maiden Name Magdaline Bodmer
15. Birthplace Germany

16 (a) Informant Mrs Lola J Steiger
(b) Address 5729 Ridgedale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) MAY 4 1948 805 N. Calvert Street

19 (a) (Date rec'd by registrar) (Signature of Registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1948, to 5-2 1948
and that I last saw him alive on 5-2 1948

Immediate cause of death: Pulmonary Edema — Duration 1 wk

Due to: Myocardial Insufficiency

Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad N Culver M. D.
Address 56 Dundas Rd Date signed

VS 193

662912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 662912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Jockey Club
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Motter Avenue (Motter Ave.)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gordon Nevin Rebert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isabel Boone Rebert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1889

8. AGE: Years 58 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Littlestown, Adams Co., Pa.
(Town, county, and state)

10. Usual Occupation Retired professor of Education

11. Industry or business Hood College

FATHER
12. Name Samuel H. Rebert
13. Birthplace Adams Co., Pa.

MOTHER
14. Maiden Name Laura Hesson
15. Birthplace Adams Co., Pa.

16 (a) Informant Mrs. Isabel Boone Rebert
(b) Address 1005 Motter Ave. Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-48 (month) (day) (year)
(c) Cemetery or crematory Littlestown, Pa.
Location Littlestown, Pa.

18 (a) Funeral director M. R. Ethison & Son
(b) Address Frederick, Md.

19 (Date rec'd by registrar) MAY 4 - 1948 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/48 19 , at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis, M.D.
Medical Examiner.
Date signed 5/4/48

VS 151

062913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 062913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 N. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET WALKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Moses

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 2/20/1899

8. AGE: Years	Months	Days	If less than one day
49yrs	2	10	hr. min.

9. Birthplace LaPlata, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Small
13. Birthplace LaPlata, Md.

MOTHER
14. Maiden Name Mary E. Thomas
15. Birthplace LaPlata, Md.

16 (a) Informant Catherine Johnson (Sister)
(b) Address 519 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location LaPlata, Md

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave

19 (a) MAY 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/48 19 at 5:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner
Date signed 4/30/48

VS 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be entirely supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662912 Julian

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 662914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1232 Penn. ave
(c) Hospital or institution: 17-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 Penn. ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zachariah Graves

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fermiggia Graves

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Caswell Co. N.C.
(Town, county, and state)

10. Usual Occupation janitor

11. Industry or business

FATHER
12. Name Robert Graves
13. Birthplace unknown

MOTHER
14. Maiden Name Susan Turner
15. Birthplace unknown

16 (a) Informant Fermiggia Grave
(b) Address 1232 Penn. ave

17 (a) Burial (b) Date thereof May 5-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Burlington N.C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1700 Bentley ave

19 (a) MAY 4 - 1948 (b) Huntington Hill Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2/48 19 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1948 to 5/2/48 19, and that I last saw him alive on 4/30 1948

Immediate cause of death Chronic Myocarditis (2)

Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. L. Julian M.D.

Address 511 N Schroeder St. Date signed 5/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or the word "unknown" inserted where the correct fact cannot be ascertained. Do not use abbreviations or initials, except in stating the month. Every statement must be full and complete. Do not omit any item because you may not consider it important. Physicians: please write the causes of death clearly and legibly.

G62915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. G62915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 50 days at intervals
(e) Length of stay in Baltimore (yrs., mos., or days): 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Somerset
(c) City or town: Tylerton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: HOWARD WESLIE MARSHALL, JR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW 2	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Nora Lee Abbott Marshall
6 (c) If alive, give age: 21 years

7. Birth date of deceased (mo., day, yr.): Sept. 30, 1922

8. AGE: Years	Months	Days	If less than one day
25	7	4	hr. min.

9. Birthplace: Tylerton, Md. (Town, county, and state)
10. Usual Occupation: AB Seaman
11. Industry or business: Seafarer

FATHER
12. Name: Howard Weslie Marshall
13. Birthplace: Tylerton, Md.

MOTHER
14. Maiden Name: Vannie Evans
15. Birthplace: Tylerton, Md.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 4 48 (month) (day) (year)
(c) Cemetery or crematory: Bradshaw Funeral Home
Location: Cris'feild Md.

18 (a) Funeral director: Lilly and Zeiler, Inc.
(b) Address: 1003 S. Wolfe St.

19 MAY 4 - 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4 1948, at 5:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1948 to May 4 1948, that I last saw h im alive on May 4 1948

Immediate cause of death: 1- Chronic glomerulonephritis
2- Uremia and uremic pericarditis
Duration: 5 mos. / 2-3 wks.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Rhein M. Jones
Rhein M. Jones, SA Surgeon M. D.
Address: US Marine Hospital Date signed 5/4/48

VS 150

G62916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G62916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 McCABE Ave (12)
(c) Hospital or institution: 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 McCABE Ave (12)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN GEBAUER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: HILDA F. GEBAUER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): FEB 21, 1873

8. AGE: Years	Months	Days	If less than one day
75	2	11	hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: (RETIRED) LIGHTHOUSE KEEPER
11. Industry or business: —

FATHER
12. Name: JOHN GEBAUER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: HENRIETTA
15. Birthplace: GERMANY

16 (a) Informant: HILDA F. GEBAUER
(b) Address: 603 Mc CABE Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or crematory: BALTO. CEM.
Location: BALTO., MD

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: BALTO., MD.

19 MAY 4 - 1948 (Date rec'd by registrar) (By) Cuthbert Williams (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1948 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1948 to 5/2 1948, and that I last saw h[im] alive on 5/2 1948

Immediate cause of death	Duration
CANCER OF URINARY BLADDER with metastasis	
Due to (Generalized)	1 YR. +
Due to	
Other Conditions MYOCARDIAL DEGENERATION	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 631 Belair Rd. Date signed 5/4/48

VS 280

G62917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G62917

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4224 EUCLID AVE
(c) Hospital or institution: 284
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4224 EUCLID AVE (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME: GEORGE FRANKLIN STEINACKER

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: MARGARET MAY STEINACKER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 21 1879

8. AGE: Years 68 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace BALTO, MD. (Town, county, and state)

10. Usual Occupation RETIRED GOVT INSPECTOR

11. Industry or business —

FATHER
12. Name HENRY STEINACKER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARTHA HOLMES
15. Birthplace SHEFFIELD, ENGLAND

16 (a) Informant MARGARET MAY STEINACKER
(b) Address 4224 EUCLID AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location BALTO, MD.

18 (a) Funeral director WM J. TICKNER & SONS
(b) Address BALTO, MD.

19 (a) [illegible] 1948 (b) Huntington, West Virginia, M.D.
(Date received by local registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1948, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1948 to May 3 1948. I last saw him alive on May 2 1948.

Immediate cause of death	Duration
Cardiac paralysis	1 day
Due to Coronary thrombosis	16 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Pound M. D.
Address 515 Drury Lane Date signed 5/4/48

John C. Pound

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erase correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 62918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert Street
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County Washington
(c) City or town Washington, D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Alton Place, N. W.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Cobb Wisch WISCH (PRISCILLA COBB WISCH)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-26-1925

8. AGE: Years 22 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation Student at

11. Industry or business Goucher College

FATHER
12. Name Frank H. Wisch
13. Birthplace New York City

MOTHER
14. Maiden Name Mary Virginia Moore
15. Birthplace Virginia

16 (a) Informant Mrs. Frank H. Wisch (Father)
(b) Address Washington, D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-48 (month) (day) (year)

(c) Cemetery or crematory Ivy Hill Cemetery
Location Near Philadelphia, Penna.

18 (a) Funeral director Stewart & Monroe Company
(b) Address 108 W. North Ave. City
Huntington Williams, Mgr.

19 (a) (Filed by registrar) Registrar

MAY 4 - 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 1948, at 2:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull; intra-cranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 2 May 1948 at 2:40 A.M.
(b) Where did injury occur? Old Frederick Rd. Catonsville, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Car struck pedestrian

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 2 May 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Meyer

662919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 662919

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Orlando Ave
(c) Hospital or institution: 27-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Orlando Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred C. Meyer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1872

8. AGE: Years	Months	Days	If less than one day
76	10	9	hr. min.

9. Birthplace Wheeling W. Va.
(Town, county, and state)
10. Usual Occupation Retired (Retired)
11. Industry or business Retail Merchant

FATHER
12. Name Chas Meyer
13. Birthplace W. Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Albrecht
(b) Address 3017 Orlando Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6.48 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cem.
Location Wheeling W. Va.
18 (a) Funeral director L. H. Heimann & Son
(b) Address 6067 Harford Rd
19 (a) MAY 4 1948 (Date rec'd by Registrar) (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948, at 1.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1946, to May 4, 1948 and that I last saw him alive on May 4, 1948.

Immediate cause of death	Duration
Coronary Heart Disease	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney M.D.
Address 7101 Harford Rd. Date signed 5/4/48

VS 8

X

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

062920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 062920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209. S. Clinton St.
(c) Hospital or institution: 26-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209. S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Salvatore Glorioso

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna Glorioso
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26. 1876

8. AGE: Years: 71. | Months: 6 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Coppersmith.

11. Industry or business

FATHER
12. Name: Joseph Glorioso
13. Birthplace: Italy

MOTHER
14. Maiden Name: Mary Marinard
15. Birthplace: Italy

16 (a) Informant: Joseph Glorioso
(b) Address: 6736 Bessemer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (mo.) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Neudell & Propst
(b) Address: 312 S. Highland Ave

19 (a) (Signature of registrar) by registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 5:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1948 to May 2 1948, and that I last saw him alive on 5/1 1948.

Immediate cause of death	Duration
Cirrhosis of Liver (LIVER)	
Due to	
Due to Hemorrhage from ruptured Esophageal Varices	
Other Conditions Pernicious Diabetes	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury X

23. Signature A. C. Hearn M.D.
Address 3901 Harrison Place Date signed 5/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if known, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

C62921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH · 13B

Registered No. C62921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll Henrytown
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Henryton Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Marine

3 (b) If veteran, name war: 1
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-5-17
8. AGE: Years 30 | Months 5 | Days 29 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Elzie Marine
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Hattie Elzie Camper
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9/48 (month) (day) (year)
(c) Cemetery or crematory BETHEL Cemetery
Location Cambridge Md
18 (a) Funeral director Lewis H Bratney
(b) Address Cambridge Md

MAY 5 1948 (Date rec'd by registrar) (b) Henrytown Md (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948 at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1948 to 5/4 1948, and that I last saw her alive on 5/4 1948

	Duration
Immediate cause of death: Cardio-respiratory failure	15 mins
Due to: Mid-brain damage	6 hrs
Due to: undetermined cause	—
Other Conditions: Pulmonary tbc.	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Edgerton
Address JOHNS HOPKINS HOSPITAL Date signed 5/4/48 D

83a

G62922 BALTIMORE CITY HEALTH DEPARTMENT G62922
CERTIFICATE OF DEATH Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution: St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Burnie Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifford Martin.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife (Mary) Ida M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Mechanic.

11. Industry or business

FATHER 12. Name George, (dec'd)
13. Birthplace

MOTHER 14. Maiden Name Emily Dembo
15. Birthplace

16 (a) Informant Mrs. Collison
(b) Address Madison 2050 L.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location BELAIR MD (CHURCHVILLE)

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST.

(Date rec'd by registrar) (Huntington Williams M.D. Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1948 at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948 to 5/2 1948 and that I last saw him alive on 5/2 1948.

Immediate cause of death Cardiac failure | Duration
Bronchopneumonia
Cerebral edema
Due to Injury
acute ethanolism
Due to & delirium tremens
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Mintzer M.D.
Address 610 Cathedral Date signed 5/3/48

J. M. Mintzer X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write plainly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

62923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1319

Registered No. 64923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hosp. Women's Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 115 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Pt - 19 - (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Lodge Forest Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Elizabeth Wood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lester C Wood

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Sept - 27 - 1908

8. AGE: Years	Months	Days	If less than one day
39	7	6	..... hr. ..... min.

9. Birthplace Amherst - Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Floyd
13. Birthplace Amherst - Virginia

MOTHER
14. Maiden Name Lula Smoot
15. Birthplace Amherst - Virginia

16 (a) Informant Lester C Wood
(b) Address Sparrows Pt. - 19 - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location: Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 5 - 1948 (Date rec'd by registrar) Huntington Millington M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 3 - 1948 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 10 - 1948 to May - 3 - 1948, and that I last saw her alive on May - 3 - 1948

Immediate cause of death	Duration
Uremia	6 days.
Due to Chronic Nephritis	2 yrs 10
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Chr. Nephritis Hypertension

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Kelly Jr. M. D.
Address Hosp. Women Md Date signed May 3-48

VS 150

G62924 Med Exam Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G62924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. If correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 E Baltimore, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 9 1892

8. AGE: Years 56 | Months – | Days 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Earhart Walters

13. Birthplace Ga ?

MOTHER — 14. Maiden Name Mary Dietzel

15. Birthplace Balto ?

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/48 (month) (day) (year)

(c) Cemetery or crematory National Cem

Location Balto Md

18 (a) Funeral director Welsh Funeral Home

(b) Address 2008 Orleans St

19 (a) MAY 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150 To be applied for

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 4 00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 May 1948 to 2 May 1948 and that I last saw him alive on 2 May 1948.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to ? Myocardial Infarction	
Due to Arteriosclerotic Cardiovascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Myocardial Infarction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Gordon M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 2 May 48

For D. W. Sy. Hospital

Examined Howard J. Malstis, M.D.

G62925

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 97

Reg. Dist. No. G62925

1. PLACE OF DEATH: County Balto City

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Cold Spring Nursing Home

Hospital, institution, or street address where death occurred: 2101 W Cold Spring Lane

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

Street No. Kingsville (If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Mary Wells

3.(b) Social Security Number .....

4. Sex F. | 5. Color or race W. | 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife George Wells

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 16-1862

8. AGE: Years 85 | Months 8 | Days 17 | If less than one day ..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business (Unknown)

FATHER: 12. Name (Unknown)

12. Birthplace "

MOTHER: 14. Maiden name (Unknown)

15. Birthplace .....

16. Informant Chas Chatterton

Address Kingsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5th 1948 (month) (day) (year)

Cemetery or crematory Mountain Christian Cem

Location Joppa Md.

18. Funeral director Clarence E. Luther

Fork Md.

19. MAY 5 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 1948 to May 3 1948

and that I last saw h.e.r alive on May 1, 1948.

Immediate cause of death	DURATION
Generalized Arteriosclerosis	20 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Thomas R. Kleiman M. D. or other

Address 3803 Edmondson Ave Date signed 5/3/48

G62926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G62926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 163 E. Baltimore St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Samuel Hiken or Chaikin

3 (b) If veteran, name war No 1

3 (c) Social Security Account No.

Sex Male | Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) March 15 1889

8. AGE: Years 59 | Months 1 | Days 19 | If less than one day ___hr. ___min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name ? Hiken

13. Birthplace Russia

MOTHER 14. Maiden Name Rose ?

15. Birthplace Russia

16 (a) Informant.....

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1948 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-1126 W North Ave

19 MAY 5 - 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-48 at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1948 to 5-4 1948 and that I last saw h[illegible] alive on 5-4-48

Immediate cause of death emaciation, ileo-colitis — Duration 4-5 mos.

Due to Probable hypernephroma

Due to ? Adv. hypernephroma

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:.....

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ___ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

082927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 082927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 Spray Court
(c) Hospital or institution: 15-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Spray Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah F. Flemings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Wm G. Flemings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1878

8. AGE: Years 69 | Months 5 11 | Days 1 | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Addie Frazier
15. Birthplace Md.

16 (a) Informant Irene Morton
(b) Address 1604 Spray Court

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-5-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Pleasant
Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 W. Arlington Ave

19 MAY 5 - 1948 (Date rec'd by registrar)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1948 to May 2 1948, and that I last saw h[illegible] alive on May 2 1948.

Immediate cause of death Hypertensive Cardio Vascular Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George McDonald M. D.
Address 644 S Carey Date signed 5/4/48

62928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

62928 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403-Penna Ave.
(c) Hospital or institution: Prov. Hosp. 14-V

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1403-Penna. Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 25 1882

8. AGE: Years 65 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Ala. (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name Jno Hall
13. Birthplace Ala.

MOTHER
14. Maiden Name Sarah Jackson
15. Birthplace Ala.

16. (a) Informant: Jennie Williams
(b) Address 1016-Argyle Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location A. Halstead

18. (a) Funeral director
(b) Address 918 Reid Hill Ave

MAY 5 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/ 19 48 4:10 A M

21. I certify that I took charge of the remains described above, held an Inspection and Exam. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above; and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 5-7-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registration No. 662929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4923 Frankfort Ave
(c) Hospital or institution: 26-0-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4923 Frankfort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Mary B. Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gerard P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-1921

8. AGE: Years 26 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Welsh
13. Birthplace Md

MOTHER
14. Maiden Name Mary V. Kane
15. Birthplace Md.

16 (a) Informant Gerard P. Kramer
(b) Address 4923 Frankfort Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-8-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Leonard J. Ryel
(b) Address 5315 Harford Rd

19 MAY 5 - 1948 (Date rec'd by Registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 9 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to hanging

Other Conditions Pregnancy.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-4-48 at 7.30 P M.
(b) Where did injury occur? 4923 Frankfort Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Hanged self by rope in cellar

23. Signature George L. Merrill M.D. (Medical Examiner.)
Date signed 5-5-48

VS 151

662930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

662930 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St. Joseph's Hospital 7-04
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Ashland Ave., Balto., Md.
(If rural give location).
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME James Henry Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col ~~White~~

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) January 26, 1917

8. AGE: Years 31 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business Jacobs Brothers

FATHER
12. Name Henry Foster
13. Birthplace Woodward S.C.

MOTHER
14. Maiden Name Ella Young
15. Birthplace Woodward S.C.

16 (a) Informant Mable Foster
(b) Address 1816 ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8. 1948 (month) (day) (year)
(c) Cemetery or crematory Red Hill Cem.
Location Woodward S.C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 MAY 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/48 19 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24/48 to 5/4/48 and that I last saw h[illegible] alive on 5/4/48

	Duration
Immediate cause of death: Uremia	
Due to: Chronic Glomerulonephritis	
Due to: Myocardial Hypertrophy	
Other Conditions: Renal adhesions.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Contracted Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Walter A Bailey M.D.
Address 1450 Carolin Date signed 5/4/48

VS, 150

X

Dr Be G62931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G62931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 N. Caroline St
(c) Hospital or institution: 7-05

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 N Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Eator

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Buckingham Co. Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Harris
13. Birthplace Buckingham Co. Va

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Buckingham Co. Va

16 (a) Informant Janette Ayers Morton
(b) Address 617 N. Caroline St

17 (a) Burial (b) Date thereof May 7-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1010 Bleecker Ave

MAY 5- 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION May 5-48 2 30 P.M.

20. DATE OF DEATH May 5 1948 at 2.50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 28 1948 to May 5 1948 and that I last saw h[er] alive on May 3 1948.

Immediate cause of death
Uremia Nephritis — Duration (day) 6 days
Due to Colon Carcinoma

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Revell M.D.
Address 1420 E. Chase Date signed May 5 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 130

G62932 ✓ G62932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 N. Gilmor St
(c) Hospital or institution: 15-01

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Widowed

6 (b) Name of husband or wife Frank Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) August 23 1888

8. AGE: Years	Months	Days	If less than one day
59	8	12	hr. min.

9. Birthplace Anaumdal Co. Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business own home

FATHER
12. Name Gabe Johnson
13. Birthplace Anaumdal Co. Md

MOTHER
14. Maiden Name Florence Stewart
15. Birthplace Anaumdal Co. Md

16 (a) Informant Ruth Johnson
(b) Address 1626 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location

18 (a) Funeral director Mrs. Katie R. Wilbanks
(b) Address 322 N. Schroeder St.

19 MAY 5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 128

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-1948, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27-1947 to 5-4-1948. and that I last saw h alive on 5-3-1948.

Immediate cause of death: Carcinoma of Left Kidney & Cervix — Duration 9 mo

Due to

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker Date signed 5-4-48

G62933 BALTIMORE CITY HEALTH DEPARTMENT G62933
Registered No.

CERTIFICATE OF DEATH 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Edmondson Ave
(c) Hospital or institution: 16-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ida O'Neal.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: George O'Neal,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Columbia, S.C. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Edward Willinham.
13. Birthplace Columbia, S.C.

MOTHER
14. Maiden Name Eliza
15. Birthplace Columbia S.C.

16 (a) Informant Annie O'Neal.
(b) Address 1910 Edmondson Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1917 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Peter R. Williams
(b) Address 322 N Schroeder St

19 (a) 1917 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/17 19..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3/17 19... to 5/3/17 19..., and that I last saw her alive on 5/3/17 19...

Immediate cause of death	Duration
Thrombosis	Minutes
Due to Apoplexy	Hours
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos T. Lemmon M.D.
Address 1512 Eutaw Pl Date signed 5/3/17

VS 150

G62934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106c

G62934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hosp. 19-1
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Parrish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (William) Hattie Mack

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1903

8. AGE: Years 44 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Littleton, N. C. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Queen McLane

15. Birthplace N.C.

16 (a) Informant Annie Mack.

(b) Address 514 N. Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) [illegible] (b) [illegible]

(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1948, at 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1948 to 5-3 1948, and that I last saw h[illegible] alive on 5-3 1948.

Immediate cause of death	Duration
Asphyxia	
Due to Laryngeal edema & Obstruction	
Due to Tracheobronchitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3-30-48, 4-3-48

Major findings of operation: Laryngeal edema

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Univ Hosp Date signed 4-3-48 M. D.

G62935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G62935

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lola M. Hymiller

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jos. C. Hymiller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1890

8. AGE: Years 58 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace: Balto. City
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: John Hubert
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Katie Snoops
15. Birthplace: Md

16 (a) Informant: Jos. C. Hymiller
(b) Address: Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-48 (month) (day) (year)
(c) Cemetery or crematory: Krider's
Location: Carroll Co

18 (a) Funeral director: H. Bankard & Son
(b) Address: Westminster Md

19 (a) 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1948, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 5/5 1948, and that I last saw her alive on 5/5 1948.

Immediate cause of death: Cardiac Failure — Duration: 3d
Due to: Coronary Thrombosis
Due to: Pyelonephritis — Duration:
Other Conditions: — Duration:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Neelauer, M.D.
M. D.
Address Date signed

G62936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G62936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital 15-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Chatham Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter R. Slade Jr.
3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) ? ? Unknown
8. AGE: Years 57 | Months | Days | If less than one day hr. min.
9. Birthplace Balt Maryland (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Walter R. Slade
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Pa.

16 (a) Informant Rev. Arthur L. Slade
(b) Address 4002 Chatham Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory St. Ignatius
Location Hickory, Harford Co., Md.
18 (a) Funeral director John A. Moran
(b) Address 1030 E. Balt St.
(c) (Date rec'd by registrar) 5-[illegible] (d) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at 11 35 AM
21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 3 1948, and that I last saw him alive on May 3 1948.

Immediate cause of death Hemachromatosis — Duration 3-5 yrs.
Due to
Due to
Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. Otis Montgomery M.D.
Address Mercy Hospital Date signed 5-8-48

66B

VS 150

662937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

662937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1518 Battery Avenue
(c) Hospital or institution: 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1518 Battery Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: William Lawrence Mattingly

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/27/1886

8. AGE: Years	Months	Days	If less than one day
62	2	7	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Thomas Mattingly
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary M. Thierranch
15. Birthplace: Maryland

16 (a) Informant: Family
(b) Address: 1518 Battery Avenue

17 (a) B (Burial, cremation, or removal) (b) Date thereof 5/4/48 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: James L. McCarthy
(b) Address: 130 East Fort Avenue

19 (a) MAY 5 1948 Date rec'd by (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4 1948, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1947 to May 1948 and that I last saw h. alive on May 3 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	
Cardio-Vascular Disease	1943
Due to Hypertension	4
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Walter Lehr M. D.
Address: 122 E. Fort Ave. Date signed 5/7/48

VS 190

G62938 BALTIMORE CITY HEALTH DEPARTMENT G62938
CERTIFICATE OF DEATH ✓97 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 Homewood Avenue
(c) Hospital or institution: 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Homewood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY T. EWING

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John Thomas Ewing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1843

8. AGE: Years 104 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Phillip ?
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary ?
15. Birthplace Unknown

16 (a) Informant Mr. John F. Ewing
(b) Address Ambassador Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/48 (month) (day) (year)
(c) Cemetery or crematory St. Marys Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) 1948 (Date rec'd by registrar) (b) Huntington Ave Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948 19 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 47 to May 3 19 48
and that I last saw alive on May 1 1948.

Immediate cause of death: Cerebral Thrombosis — Duration 2 hrs.
Due to Arteriosclerosis, old age — 35 yrs.
Due to Pernicious anemia — 10 yrs.
Other Conditions Tic Doloureux — 3 yrs.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H Zentz
Address 2318 E Fairmount Ave Date signed 5/5/48

VS 150

EVERY ITEM OF INFORMATION should be carefully supplied. The ...LY, WITH UNFADING INK. Every item ...ally important. Physicians: please write the causes of death clearly and legibly.

662939 EL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

662939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City 261
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 years
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 1/2
(d) Street No. 820 Willow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otis Norton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1888

8. AGE: Years 59 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William H. Norton
13. Birthplace Md.

MOTHER
14. Maiden Name Fanny Sinclair
15 Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory [illegible] MAY 3 1948
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) Date received by Registrar MAY 5 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1948 19 48, at 11-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 19 27 to April 21 19 48, and that I last saw him alive on April 21 19 48

Immediate cause of death Coronary Thrombosis — Duration 4/21/48

Due to

Due to

Other Conditions Hydronephrosis — Duration Life

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Stall, Jr. M. D.
Address B. C. H. Date signed 4/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62940 4P-09647 62940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √158

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: 21-1
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luella Jean Rowe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/19/48

8. AGE: Years	Months	Days	If less than one day
		10 11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Adam Rowe
13. Birthplace Kentucky

MOTHER 14. Maiden Name Blanche Cantrell
15. Birthplace Kentucky

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical Sch MAY 3 1948
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/48 19 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1948, to 4/30 1948, and that I last saw h&x alive on 4/30 1948.

Immediate cause of death: Respiratory failure
Due to: cause undetermined

Duration
4 hours

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no specific findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold Killam M.D.
Address So. Balto Gen. Hosp Date signed 5/3/48

C62941 C 5041 4 √128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C62941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 y 0 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 N. Calvert (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Charles Dietz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-46

8. AGE: Years 1 | Months — | Days 10 | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Dietz

13. Birthplace

MOTHER 14. Maiden name Betty Blakey

15. Birthplace W. Va.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 5-5-48 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Lemoyne Pa.

Location

18 (a) Funeral director John A. Moran

(b) Address 3006 E. Balt St.

19 (a) (b)
Date received by registrar Registrar

MAY 6 1948 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-48, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23-48 to 5-4-48 19..., and that I last saw living on 5-4-48.

Immediate cause of death Respiratory Failure

due to Congenital Pulmonary Disease

Due to Cystic fibrosis of Pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nelson C. Hunter Jr. M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-4-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1248

62942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 N. Wallas St
(c) Hospital or institution:
8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Wallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary B. Stokes

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1880

8. AGE: Years 67 Months 9 Days 3 If less than one day hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER 12. Name David Stokes

13. Birthplace N. C.

MOTHER 14. Maiden Name Polly Smith

15. Birthplace N. C.

16 (a) Informant Mary B. Stokes

(b) Address 1603 N. Wallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6th 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Cahvary

Location Balto. Co. Md.

18 (a) Funeral director Byron Hamm & Wright

(b) Address 721 Pauquette St

19 (a) (Date rec'd by Registrar) (Registrar) Huntington Williams M.D.

MAY 5 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1948 to May 3 1948 and that I last saw h[illegible] alive on May 1 1948

Immediate cause of death: Cirrhosis of Liver — Duration: 8 mo +

Due to ✓

Due to ✓

Other Conditions ✓

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Klugher M.D.

Address 825 N. Freemont Ave Date signed 5/6/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62943

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH √ 61

G62943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Bruen
(c) Hospital or institution: Universely
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mary'd (b) County a. a
(c) City or town Edgewater
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geo Behlke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov 11 - 1913

8. AGE: Years: 34 | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace Edgewater md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Behlke
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy A Kirby
15. Birthplace Maryland

16 (a) Informant Lucy Berger
(b) Address Edgewater md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/48 (month) (day) (year)

(c) Cemetery or crematory Hope Chapel
Location Edgewater md

18 (a) Funeral director B L Hopkins & Son
(b) Address Annapolis Md

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1948, at 6:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1948 to 5/1 1948, and that I last saw h[illegible] alive on 5/1 1948

Immediate cause of death Uremia — Duration 6d
Resp Failure

Due to Nephritis - Subacute

Due to Diabetes

Other Conditions Kimmelstiel Wilson Syndrome

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H G Neelands, M.D.
Address Date signed

VS 150

X

062944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46 B

Registered No. 062944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2559 Frederick Ave.
(c) Hospital or institution:
20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2559 Frederick Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME George William Callaway

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 325-05-7835

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 22, 1886

8. AGE: Years 62 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Wicomico County, Md.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Dave Breitbart (Chicago)

FATHER
12. Name Thomas C. Callaway
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Sweeny
15. Birthplace Maryland

16 (a) Informant Mrs. Frederick Lipka
(b) Address 2559 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-48 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore County, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) MAY 6 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1948 to 5/4 1948 and that I last saw h[illegible] alive on 5/4 1948.

Immediate cause of death	Duration
Carcinoma of Stomach	1 1/2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer L. Todd M. D.
Address 2108 St Paul St Date signed 5/6/48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C62945

Hospital Diagnosis 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Where correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Bridgeview ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Pearson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/21/48

8. AGE: Years | Months 1 | Days 2 weeks | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Addie
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 MAY 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1948 to 5/4 1948 and that I last saw him alive on 5/4 1948.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Englehardt Jr.
Address JOHNS HOPKINS HOSPITAL Date signed 5-4-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly:

G62946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

Registered No. G62946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4410 Wrenwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4410 Wrenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Claude Perry

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0352

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie O.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15. 1885

8. AGE: Years 62 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Living Status

FATHER
12. Name John G Perry
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Maggie Morgan
15. Birthplace St Marys Co Md

16 (a) Informant Beard & Perry
(b) Address 440 Thurmont Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Tillson Clark Co
(b) Address 17 E Pond St

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 19 to 5-4 1948
and that I last saw him alive on 5-4 1948

Immediate cause of death Coronary Thrombosis — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Ewald Jr.
Address 36 York Court Date signed 5/5/48

G62947

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 12a

Registered No. G62947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 W Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Virginia Daulbaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: William Daulbaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12th 1863

8. AGE: Years 85 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace: Ridgely W. Va
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: John Long
13. Birthplace: Ridgely W. Va.

MOTHER
14. Maiden Name: (Unknown) Gillen
15. Birthplace: Cumberland Md.

16 (a) Informant: Mrs. Mabel Daulbaugh
(b) Address: 506 W. Fayette St.

17 (a) Burial (b) Date thereof 5/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~: Cathedral
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1307 St. Paul St.

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1948, at a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1948 to May 4 1948 and that I last saw h— alive on May 4 1948

Immediate cause of death	Duration
(a) Cerebral Embolism	
Due to (b) Coronary Thrombosis	
Due to (c) Arteriosclerosis	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis H Lantz M. D.
Address 506 W Fayette St Date signed

X 5-5-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 200 B

Registered No. G62948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In field east of Loch Raven
(c) Hospital or institution: Rd., 500 ft. N. of Belvedere
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(b) Street No. 1911 E. Lanvale st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME. Charles A. GAHM (GAHN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 31-1870

8. AGE: Years 77 | Months 4 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name George A. Gahm
13. Birthplace Germany

MOTHER
14. Maiden Name Marie ?
15. Birthplace Germany

16 (a) Informant Anna Schmitt
(b) Address 1709 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave

19 (a) MAY 6 1948 (Date received by Registrar) Forwarding for Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5/ 1948, at 2:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection of body thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Undetermined
(only bones remain)

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Magill M.D.
Medical Examiner.
Date signed 5-5-/48

VS 151

62949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 62949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 Gwynn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Gwynn ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ANNA STATKEVICIENE (STOCK)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 57 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace Lith

16 (a) Informant Lillian Ravenis
(b) Address 315 Gwynn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Kazmisheg Son
(b) Address 60 W Washington Blvd

19 (a) MAY 6 1948 (Date received by registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1948 3 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1948 May 4th 1948; and that I last saw her alive on May 4th 1948; that death occurred at 3 00 P.M.

Immediate cause of death Coronary Occlusion. — Duration 1-2y

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. C. Langley M.D. 5-5-48 642 Washington Blvd
Address Date signed

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C62950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

~~C.P.S.~~ W. Fearing
3520 Belair Road

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Snyder's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6519 Rosemont Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Louise Christopher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife -Benjamin Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1877

8. AGE: Years 70 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Henry Kornmann
13. Birthplace ?

MOTHER
14. Maiden Name Emma Sweitzer
15. Birthplace ?

16 (a) Informant Mrs. Helen R. Schweiger
(b) Address 6519 Rosemont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) Date received by Registrar MAY 8 1948 (b) Huntington Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1948, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1946 to 3 May 1948, and that I last saw h[illegible] alive on 3 May 1948.

Immediate cause of death: Heart Failure

Due to: Bronchopneumonia

Due to: Hypertensive Cardio-Vas. Disease

Due to: Right Hemiplegia

Duration: 48 hours, 24 hrs, year, 4 wks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William L. Pearre M. D.
Address 3025 Belair Rd Date signed 5-4-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66295 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

66295 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4503 Mary Ave.
(c) Hospital or institution: 26-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4503 Mary. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Lester Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Wilson
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Sept. 22 - 1890

8. AGE: Years 57 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace: Balti. Co. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name S. E. Wilson
13. Birthplace Balt. Co. Md.

MOTHER
14. Maiden Name Dove
15. Birthplace Balt. Co. Md.

16 (a) Informant Marie Wilson
(b) Address 4503 Mary ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location Taylor. av

18 (a) Funeral director John H. Valentine
(b) Address 2326 Aiken St.

19 (a) Date received MAY 6 1948 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 4/48 19 at 1.03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1948 to 5-4 1948, and that I last saw h[illegible] alive on 5-4 1948.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Edema Lung — 6 hrs.

Due to: & Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 5101 Belair Rd. Date signed 5-5-48 M. D.

VS 150

662952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓128

Registered No. 662952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Martha Mae Yocum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1868

8. AGE: Years 79 | Months 10/11 | Days 28 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Edmund Yocum
13. Birthplace Pa.

MOTHER
14. Maiden Name Martha Stewart
15. Birthplace Pa.

16 (a) Informant Ricards Baptist Home
(b) Address 1615 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Gwynn Oak Ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1400 Eutaw Place

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Certificate for Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1948 to May 3 1948 and that I last saw h[illegible] alive on May 3 1948.

	Duration
Immediate cause of death: Shock	
Due to acute hemorrhagic pancreatitis	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute Hem. Pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonathan Brady M. D.
Address 1st Asst. Gen. Hosp. Date signed 5-4-48

662953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1628

662953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2925 N. Charles St.
(c) Hospital or institution: 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie W. Humphreys

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Wilbur B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/18/72

8. AGE: Years	Months	Days	If less than one day
75	1	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John R. Wright
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary C. Thompson
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Louise W. Lockard
(b) Address 2925 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John A. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

19 (a) MAY 6 - 1948 (Date rec'd by Registrar) (b) Registrar Huntington Williams, Md.

VS 150.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948. 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1947 to May 3 1948 and that I last saw her alive on May 3 1948.

Immediate cause of death: Dehydration + Terminal Weakness — Duration: 4 mos
Due to: Senility + bed-confinement
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Lockard M. D.
Address 2925 N. Charles Date signed

X

662954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. 662954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) ~~City~~ or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 St. Paul St. # 18
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry C. Frederick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1876

8. AGE: Years	Months	Days	If less than one day
71	8	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry C. Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Peters
15. Birthplace Balto.

16 (a) Informant Mary E. House
(b) Address 3121 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/48 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location 2801 Frederick ave
18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place
19 (a) MAY 6 - 1948 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 9.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1948 to 5/4 1948, and that I last saw him alive on 5/4 1948

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hours
Due to: Cerebral Arteriosclerosis	5 years
Due to:	
Other Conditions: Arteriosclerotic Heart Disease, Congestive myocardial failure (Include pregnancy within 3 months of death)	5 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred H Damm
Address Maryland General Hosp. Date signed M 5 D 4/48

83a

662955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 662955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 W. Conway St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs.) mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 W. Conway St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kelley McCary

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	c	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1886

8. AGE: Years	Months	Days	If less than one day
61	10	3	hr. min.

9. Birthplace Manning S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Brown McCary
13. Birthplace S. C.

MOTHER
14. Maiden Name Rosie Johnson
15. Birthplace S C

16 (a) Informant Milton McCary
(b) Address 542 W. Conway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-6-48 (month) (day) (year)
(c) Cemetery or crematory Sumter
Location South Carolina

18 (a) Funeral director Frank L. Brown & Son
(b) Address 108 W. Montgomery St

19 (a) MAY 6 - 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/48 19 , at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1948 to 5/3 1948, and that I last saw h[illegible] alive on 5/29 1948.

Immediate cause of death
Acute Bronchopneumonia 15 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lindon Shelton, M.D.
Address 905 [illegible] signed 5/7/48

662956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 662956

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Green Spring ave & Cross Country Blvd (Hoopers)

(c) Hospital or institution: N.W.C. 27-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Green Spring Ave & Cross Country Blvd (If rural, give road and number)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Dora Bladen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1883

8. AGE: Years 64 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace Johns Hopkins Orphanage (Town, county, and state) Balto Md.

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Miss Elizabeth Y. Hopper

(b) Address Green Spring ave & Cross Country Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1948 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Henry McFerkin & Sons

(b) Address McCulloh & Orchard sts

19 (a) May 6 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945, to May 3 1948 and that I last saw alive on May 3 1948

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Arteriosclerosis — Duration: ?

Due to

Other Conditions

Hypertension — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel H Gruen M. D.

Address 56 W Pleasant St Date signed

X

662957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 662957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: Sisters Memorial 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Hollins St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Margaret Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married~~, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1868

8. AGE: Years 69 | Months — | Days 2 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Arthur McKeown
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Ireland

16 (a) Informant Mrs. Robert Connolly
(b) Address 64 Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cathedral
Location Baltimore

18 (a) Funeral director Fred. J. Tyler
(b) Address 1200 W. Lombard St

19 MAY 6 1948 (Date rec'd by registrar) (b) Registrar for Millington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1948 7:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1947 to 5/4 1948
and that I last saw h alive on 5/4 1948

Immediate cause of death Cardiac Failure, Hypertension

Duration

Due to Arteriosclerosis

Due to Bronchial pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1200 W. Lombard St Date signed 5/6/48

VS 150

662958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

662958

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Alcorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Robert Alcorn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1861

8. AGE: Years 87 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Howard Co. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Nicholas Carr
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Waters
15. Birthplace Md

16 (a) Informant Mrs Chas. M Kreuner
(b) Address 1500 Bolton St. Balto 17

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-48 (month) (day) (year)
(c) Cemetery or crematory Emanuel
Location Scaggsville Md.

18 (a) Funeral director D.C. Higinbotham
(b) Address Ellicott City Md

19 (a) MAY 6 1948 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1948 at 6:2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to May 1948 and that I last saw h[illegible] alive on 3 May 1948

Immediate cause of death Arteriosclerotic Cardio Vascular renal disease

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence L. Kreuner M.D.

Address 1938 Eutaw Ave Date signed 5th May 48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. LEXINGTON ST.
(c) Hospital or institution: AGED WOMENS HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town RANDALLSTOWN
(If outside city or town limits, write RURAL and give town)
(d) Street No. OLD COURT RD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ROBERT WELLER

3 (b) If veteran, name war No

3 (c) Social Security Account No. NO

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife GRACE R. WELLER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted] 1867

8. AGE: Years 80 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name ROBERT NELSON WELLER
13. Birthplace MD.

MOTHER
14. Maiden Name JANE TASE
15 Birthplace MD

16 (a) Informant MR. C. E. CRUSEY (BROTHER-IN-LAW)
(b) Address 206 CHURCH LANE, PIKESVILLE, MD.

17 (a) BURIAL (b) Date thereof 5/6/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. [redacted] OLIVE
Location RANDALLSTOWN, MD.

18 (a) Funeral director JOHN T. TICKNER & SONS
(b) Address BALTO. MD.

19 MAY 6 - 1948 (b) Huntington Nitkamp, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/1948, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1948 to May 3 1948 and that I last saw h.IM alive on May 3 1948.

	Duration
Immediate cause of death CARDIAC ARRHYTHMIA	
Fatal	
Due to Coronary occlusion	
Due to Arteriosclerotic Cardiovascular disease, Hypertension	
Other Conditions Possible carcinoma stomach	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mildred Edmund Day M. D.

Address 4-E-330 St Balto MD Date signed 5/6/48

X

662960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. 662960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LINDEN AVE AND MADISON ST.
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County NONE
(c) City or town BALTIMORE (16) 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 HARLEM AVE. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LLEWELLYN ARNOLD

3 (b) If veteran, name war: None
3 (c) Social Security Account No. yes

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HILDEGARDE ARNOLD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/23/05

8. AGE: Years 42 | Months 8 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace PROVIDENCE, Rhode Island (Town, county, and state)
10. Usual Occupation ACCOUNTANT SECTY
11. Industry or business McINNES LAUNDRY

FATHER
12. Name GEORGE ARNOLD
13. Birthplace RHODE ISLAND

MOTHER
14. Maiden Name Ethel Stelley
15. Birthplace RHODE ISLAND, PROVIDENCE

16 (a) Informant MRS. H. ARNOLD (WIFE)
(b) Address 2830 HARLEM AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE MAUS.
Location BALTO CO. MD

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 5/3 1948 and that I last saw him alive on 5/3 1948.

Immediate cause of death	Duration
UREMIA	
Due to OLIGURIA	
Due to EPIDERMOID CARCINOMA OF BLADDER	

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 12/18/47
Major findings of operation: BIOPSY OF BLADDER - EPIDERMOID CARCINOMA
Date of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul G. Harold M. D.
Address Mel. Gen. Hosp. Date signed 5/3/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62961

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-09560 CERTIFICATE OF DEATH 161B

Registered No. 62961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Entaw Pl apt 13 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Deanne Lynn Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) MAY 1, 1948

8. AGE: Years 0 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Mercy Balto. Gen. Hosp. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Robert E Taylor JR
13. Birthplace Ky.

MOTHER
14. Maiden Name Irma S Green
15. Birthplace Balto, MD.

16 (a) Informant MR. ROBERT E. TAYLOR JR.
(b) Address 1515 ENTAW PLACE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ WESTERN
Location BALTO. MD

18 (a) Funeral director Wm. H. TICHNER & SONS
(b) Address BALTO. MD

19 (a) MAY 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1948, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 5/3 1948 and that I last saw her alive on 5/3 19 48.

Immediate cause of death	Duration
Cardiac failure	
Due to Septicemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gordon Gram M.D. M. D.
Address West Balto Gen Hosp Date signed 5-5-48

G62962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G62962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSP 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 N BENTALOU ST.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] AARON WESLEY LONG

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-10-2686

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: MARY VIRGINIA LONG

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) DEC. 16, 1877

8. AGE: Years: 70 | Months: 4 | Days: 19 | If less than one day: hr. min.

9. Birthplace: CARROLL CO., MD.
(Town, county, and state)

10. Usual Occupation: RETIRED

11. Industry or business: —

FATHER
12. Name: GEORGE W. LONG
13. Birthplace: MD.

MOTHER
14. Maiden Name: CAROLINE CHRISTIANA ZIMMERMAN
15. Birthplace: MD.

16 (a) Informant: MRS. EUGENE GLADSTONE
(b) Address: 2017 BENTALOU ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ WOODLAWN
Location: BALTO CO, MD

18 (a) Funeral director: WM. J. TICHER & SONS
(b) Address: BALTO, MD.

19 (a) MAY 6 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1948; at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1948 to 5/5 1948, and that I last saw h[illegible] alive on 5/5 1948.

Immediate cause of death	Duration
Resp failure	24d
Due to Acl Infarction	
Due to Hyp CVD	
Other Conditions Pleural effusion	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 5/7/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Ed Mechanic M.D.
Address: Univ Md Hosp. Date signed 5/7/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 662963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1326 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Beal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1891

8. AGE: Years 57 | Months 1 | Days 21 | If less than one day: 23 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Horace Beal
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred Newton
15. Birthplace Va.

16 (a) Informant Mr. Isaac Beal
(b) Address 527 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddl St.

19 (a) MAY 6 1948 (Date rec'd by registrar) Frances Williams Reg

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948 at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1948 to May 4 1948 and that I last saw him alive on May 4 1948.

Immediate cause of death	Duration
Myocardial Regeneration	-
Due to	
Due to	
Other Conditions Cerebral Hemmbge	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Cin Phillips

Address 1543 Penna. Ave Date signed 5/5/48

X

662964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

662964 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 S. Eaton St.
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. Eaton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB LACHNER

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Lachner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1861

8. AGE: Years 87 | Months 0 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Mill-Hand.

FATHER
12. Name Charles Lachner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Harry C. Lachner (Son)
(b) Address 716 S. Eaton St.

17 (a) Burial (b) Date thereof 5-8-48. (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location 4701 German Hill Rd.

18 (a) Funeral director Charles S. Zeiler,
(b) Address 901 S. Conkling St.

(a) Date MAY 6 1948 (b) registrar Carrington Williams, Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to May 5 1948 and that I last saw him alive on May 3 1948

Immediate cause of death Carcinoma of Stomach — Duration ?

Due to

Due to

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence, at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jason W. Gaskel M. D.
Address 617 S. Conkling St Date signed 5-6-48

662965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. 662965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Balto. Gen'l. Hosp. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Key Highway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Copper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-13-1882

8. AGE: Years 65 66 | Months 4 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Gasoline Station

FATHER
12. Name John T Copper
13. Birthplace Balto.

MOTHER
14. Maiden Name Matilda Weber
15. Birthplace Balto.

16 (a) Informant Gertrude Allen
(b) Address 1402 Cooksie ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location

18 (a) Funeral director Charles J. Hill
(b) Address 1201 E. Fort Ave

19 (a) MAY 6- 1948 (Rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4/48 19 6:35 a. M

21. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Hanging

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 24-02
(a) Date of injury May 4, 1948 at 6:35 a.m. M.
(b) Where did injury occur? 1110 Key Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Texaco Service Station While at work? Yes
(d) Means of injury Suspended from rafter by rope

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 5-4-48

0662966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 062966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 E. Clement St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 E Clement St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie B. Seymour

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William F. Seymour
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1873

8. AGE: Years	Months	Days	If less than one day
74	9	16	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Goodman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Agnes Mayo
15. Birthplace Balto Md

16 (a) Informant Loretta R. Beall
(b) Address 1444 Hanover St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 8, 1947 (month) (day) (year)
(c) Cemetery or crematory Glen Dale
Location Glen Dale

18 (a) Funeral director A. Raymond Evans
(b) Address 1400 St Paul St

19 (a) May 6, 1947 (date received by registrar) (b) Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1947, at 2:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1947 to May 6 1947 and that I last saw he alive on May 6 1947.

Immediate cause of death: Edema of Lungs — Duration 3 Days

Due to arteriosclerosis — Duration Indef.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Campbell M.D.
Address 1444 Hanover St Date signed May 7 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

662967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 662967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 269 N. 31st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 269 N. 31st Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Ann Tanner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6-1874

8. AGE: Years 73 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Christopher J. Tanner
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Jane Earle
15. Birthplace England

16 (a) Informant Mrs. Robert N. Imhoff
(b) Address 1206 Sabina Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-1948 (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Hampden)
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) Filed MAY 6 1948 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5- 1948 at 12-20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1946 to May 5 1948 and that I last saw her alive on May 5 1948

Immediate cause of death Coronary Thrombosis — Duration 22 hrs.
Due to arteriosclerosis — 2 yrs
Due to Pulmonary Edema — 2 yrs
Due to Peripheral Vascular Disease — 2 yrs
Other Conditions age —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman R. Hoard M. D.
Address 3601 Manhattan Pl. Date signed 5/6/48

X

662968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 662968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1751 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Mc. Culloh

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex Female Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-82

8. AGE: Years 65 Months 6 Days 4 If less than one day —hr. —min.

9. Birthplace So. Car. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Nathan Brown

13. Birthplace S.C.

MOTHER 14. Maiden Name Sally Young

15. Birthplace S.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-48 (month) (day) (year)

(c) Cemetery or crematory

Location Winsboro S.C.

18 (a) Funeral director Elroy Wilson

(b) Address 1010 Bentley ave

19 (a) (Date rec'd by registrar) (Registrar) Huntington Williams, M.D.

MAY 6- 1948

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-48 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28-48 to 5-4-48.
and that I last saw her alive on 5-4-1948.

Immediate cause of death: Intracranial bleeding — Duration: 7 days

Due to: hypertensive cardio-vascular disease — 18 yrs.

Due to:

Other Conditions: bronchopneumonia — 1 wk

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be changed statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Sisson M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5 May 48

X

662969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111c

662969 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Montpelier
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Montpelier st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Edgar Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-6062

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace Cuddy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2d 1873

8. AGE: Years	Months	Days	If less than one day
75	1	10	hr. min.

9. Birthplace White Hall Md
(Town, county, and state)
10. Usual Occupation Boot- Factory
11. Industry or business

FATHER
12. Name James P. Wilson
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Annie Mary Norris
15. Birthplace Baltimore Co. Md

16 (a) Informant Edgar P. Wilson
(b) Address 4316 Forty-fifth st Hyattsville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-48 (month) (day) (year)
(c) Cemetery or crematory Wesley Whaley Chapel
Location White Hall, Md

18 (a) Funeral director Howard S. Mackenzie
(b) Address White Hall, Md (Huntington Williamsville, Md)

MAY 6 - 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1948, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1948 to 5-5 1948
and that I last saw h[illegible] alive on 5-5 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypostatic Pneumonia	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature
Address 1123 St Paul St Date signed 5/6/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

662970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

662970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4902 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/1947

8. AGE: Years 1 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles O Briggs
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hazel M Dorsett
15 Birthplace Baltimore

16 (a) Informant Chas O Briggs
(b) Address 4902 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Lansdowne, Md.

18 (a) Funeral director Wm J Tuckner & Sons
(b) Address 1948 Pennsylvania Ave., Md.

MAY 8 1948

(Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1948 to 5-6 1948, and that I last saw h[illegible] alive on 5-6 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Intermittent Pneumothorax	
Due to Hydrocephalus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-9-48, 4-19-48

Major findings of operation: Hydrocephalus, cortical atrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Schnitzler M. D.

Address Mercy Date signed 5-6-48

VS 150

G62971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G62971
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. General Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 16 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. O'Donnell
3 (b) If veteran, name war None
3 (c) Social Security Account No. 705-05-2591

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband~~ or wife Clara O'Donnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 14 October 1879

8. AGE: Years	Months	Days	If less than one day
68	6	21	hr. min.

9. Birthplace Ohio, Cincinnati (Town, county, and state)
10. Usual Occupation Freight traffic dept. (chief clerk)
11. Industry or business C & O. R.R. Co.

FATHER
12. Name Hugh O'Donnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Meaher
15. Birthplace Cincinnati, Ohio

16 (a) Informant Mrs. Joseph J. O'Donnell
(b) Address 3216 Windsor Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location Cincinnati Ohio

18 (a) Funeral director Wm. T. Tickner & Sons
(b) Address Towson, Md.

MAY 6 - 1948 (Date rec'd by registrar) (a) Clinton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1948, at 9.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 April 1948 to 5 May 1948, and that I last saw him alive on 5 May 1948

Immediate cause of death	Duration
Pulmonary edema	
Due to Cardiac failure	
Due to	
Other Conditions Bilateral cirrhosis	

(Include pregnancy within 3 months of death)

Date of operation 21 April 48
Major findings of operation: Ca. pancreas
Abdominal jaundice
of autopsy: Pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Ravin
Address Wells Bell. Gen. Hosp. Date signed 6th May 48

X

G62972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

G62972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Ethelbert Ave
(c) Hospital or institution 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5313 Ethelbert Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin J. Brice

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-4796

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Elsie C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1888

8. AGE: Years 59 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Chestertown Maryland (Town, county, and state)

10. Usual Occupation Head Guard

11. Industry or business Clothier Jones & Bowie

FATHER 12. Name James J. Brice

13. Birthplace Chestertown Maryland

MOTHER 14. Maiden Name Mary F. Pitts

15. Birthplace Lancaster Co Va

16 (a) Informant Mrs Calvin J. Brice

(b) Address 5313 Ethelbert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 7 (day) 48 (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn Md

18 (a) Funeral director Loring Bishop

(b) Address 5005 Park Heights Ave

19 (a) MAY 6 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948, at 7:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/16/48 19 to 5/5 1948.
and that I last saw h— alive on 5/5 1948

Immediate cause of death	Duration
Cardiac Arrest	1 hr.
Cardio vascular disease	6 mo.
Cirrhosis of Liver	2 da.
Due to C.P.C. Kidney & Lungs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Thom M.D.

Address 120 E Saratoga Date signed 5/6/48

VS 130

G62973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G62973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 W. Belvedere Ave
(c) Hospital or institution: 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 W. Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie B. Whitby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Joseph L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1878

8. AGE: Years	Months	Days	If less than one day
70	3	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Frederick Diehlmann
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Beckmann
15. Birthplace Germany

16 (a) Informant Mr. Joseph L. Whitby
(b) Address 3115 W. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location

18 (a) Funeral director Loring Byers
(b) Address

19 (a) May 6 1948 (b) Wallace M. Williams Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1948, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1947 to May 6 1947 and that I last saw h[illegible] alive on May 5 1947

Immediate cause of death	Duration
Valvular Heart Disease	3 yrs
Due to Bright's Kidneys	3 yrs
Due to Uremia	[illegible]
Other Conditions Diabetis	2 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: X
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence X at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work? (Specify type of place)
(e) Means of injury

23. Signature A. G. Dearin, M.D.
Address 2901 Parkside Blvd (Date signed)

VS 150

1310 5/14/48

G62974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G62974

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st Sts
(c) Hospital or institution: US Marine Hospital 20-V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Shephardson Key

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No. 213-03-3460

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine Jay Key
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 26, 1895

8. AGE: Years 53 | Months 0 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Louisville, Ky. (Town, county, and state)
10. Usual Occupation Broker
11. Industry or business

FATHER
12. Name Marcus Key
13. Birthplace Louisville, Ky.

MOTHER
14. Maiden Name Sarah F. Brown
15. Birthplace Louisville, Ky.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St

19 (a) MAY 7 - 1948 (Date rec'd by registrar) (b) Funeral for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6 1948, to May 6 1948, and that I last saw h im alive on May 6 1948.

	Duration
Immediate cause of death Carcinoma of rectum with multiple peritoneal and liver metastases	6 mo
Due to	
Due to	
Other Conditions Aortic Stenosis due to arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation Exploratory laparotomy
Major findings of operation Malig. tumor
Confirmed above
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David D. LeMaster
Address U.S. Marine Hospital Date signed 5/6/48

G62975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G62975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 S. Monroe St
(c) Hospital or institution: 20-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 S. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Knapp Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Katherine L. Knapp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1903

8. AGE: Years 44 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business Md. State Police Dept.

FATHER
12. Name John T. Knapp
13. Birthplace Erie Pa.

MOTHER
14. Maiden Name Lula McKnew
15. Birthplace Balto. Md.

16 (a) Informant Katherine L. Knapp
(b) Address 112 S. Monroe St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/7/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1948, to May 4 1948, and that I last saw him alive on May 4 1948

Immediate cause of death: Coronary insufficiency — Duration 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert H. Katz M.D.

Address 1030 Wilkens Ave Date signed 5/6/48

VS 153

G62976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G62976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 N. Charles St
(c) Hospital or institution: 12-S

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Valbert Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Margaret A. Banko

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Geo. Edward Banko

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 23rd 1870

8. AGE: Years 77 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Balto City Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Lindemore
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Dorothy Merkel
(b) Address 1800 N. Charles St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/8/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto.
Location Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Pauls St.

19 (a) MAY 7 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH 6 May 1948, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948 to 6 May 1948 and that I last saw [illegible] alive on 6 May 1948.

Immediate cause of death: Metastatic Carcinoma of Brain & Lungs & Pulmonary Edema — Duration 3 mos.

Due to: Carcinoma of Breast — 5 years

Due to:

Other Conditions: Arteriosclerosis, Hypertension — 10 years
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: None

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter C. Merkel M. D.

Address 1800 N. Chas St. Balto Date signed 6 May 48

VS 150

662977 Dead

SC-48-09316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 662977

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23-2
(c) Hospital or institution: South Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E Ithan Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas J. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4- 1948

8. AGE: Years | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Nicholas J. Murphy
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Lenane Steel
15. Birthplace Baltimore Md.

16 (a) Informant Nicholas J. Murphy
(b) Address 620 Elkins Lyke

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St.

19 MAY 7 - 1948 (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Atelectasis of lungs.
Prematurity

Due to

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 5-6-48

VS 151

G62978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G62978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2127 St. Paul St.
(c) Hospital or institution: 12-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry M. Block

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mildred S. M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 22nd 1889

8. AGE: Years	Months	Days	If less than one day
58	6	13	hr. min.

9. Birthplace Lake Charles La. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Automobile

FATHER
12. Name David Block
13. Birthplace Paris France

MOTHER
14. Maiden Name Estelle
15. Birthplace Montgomery

16 (a) Informant Mildred Block
(b) Address 2127 St Paul St

17 (a) Cremation (b) Date thereof 5/7/48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Milton Cox Jr
(b) Address 2127 St Paul St

19 (a) MAY 7 - 1948 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1948, at 9 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18/48 to May 4 1948, and that I last saw h[illegible] alive on May 4 1948.

Immediate cause of death	Duration
a. acute Cardiac Failure	7
Due to b. Myocarditis	1
Due to c. Infarction of Anterior Wall of Throat & cardiospasm	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Pleasants M.D.
Address 3216 Harford Rd. Date signed May 6/48

J. R. THOMAS
HARFORD RD.

66297 9

HL 119143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 66297 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2074 Rokrose Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Wink

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1860

8. AGE: Years	Months	Days	If less than one day
88	2	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Wink
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret ?
15 Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Wilson & Son
(b) Address 2704 Pont St Huntington Williamsville

19 (a) MAY 7 - 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 9-10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1948, to May 5 1948, and that I last saw h im alive on May 5 1948.

Immediate cause of death Ascending aortic aneurysm Duration
Gangrene of both feet 1 week
Due to
Due to
Other Conditions Arteriosclerotic Cardiovascular Disease
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion M. Lacy, M.D.
Address Baltimore City Hospitals Date signed 5-6-48

VS 150

98

(62980) T

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. (62980)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 Greenspring Ave
(c) Hospital or institution: Levindale 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Seligman Bachenheim

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Rachel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
86				

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER	12. Name unknown
	13. Birthplace Germany
MOTHER	14. Maiden Name unknown
	15. Birthplace Germany

16 (a) Informant Levindale records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pula Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.
Date received MAY 10 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1948 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5th May 1948 to 5th May 1948 and that I last saw h[illegible] alive on May 5th 1948

Immediate cause of death	Duration
Heart failure (Pulmonary infarction)	
Due to Myocardial fibrosis	
Due to	
Other Conditions Senile Emphysema	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Jerome J. Blumberg M. D.
Address Levindale House Date signed 5/5/48

X

G62981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G62981

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 S. Rose st.
(c) Hospital or institution: 1-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Rose st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rozalia or Rosie Porenski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1851

8. AGE: Years: 67 | Months: - | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: housework

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: Poland

MOTHER
14. Maiden Name: unknown
15. Birthplace: Poland

16 (a) Informant: Walter Porenski
(b) Address: 810 S. Rose st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus Cem.
Location: Dundalk Ave

18 (a) Funeral director: Marie E. Fathauer
(b) Address: 1000 S. Kenwood ave

19 (a) MAY 7 1948 (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 79 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1948, to May 5 1948 and that I last saw h.e alive on May 4 1948

Immediate cause of death	Duration
Diabetic Coma	2 days
Due to Diabetes Mellitus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Walter Porenski M.D.
Address: 200 E. Fayette Date signed 5/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G62982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland DOA
(b) Street address
(c) Hospital or institution: University Hospital 18-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 W Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Nettie Reno

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Arthur Reno
(b) Address 836 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 - 48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Meth. Cem
Location 5501 Frederick Rd

18 (a) Funeral director Joseph Rasmuson
(b) Address 602 Washington Blvd

19 (a) MAY 7 - 1948 (Date recd by registrar) (b) Huntington Williams Mgr

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1948, at 9:25 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic CV disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Lehnich M.D. Medical Examiner.
Date signed 5/5/48

X

G62983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136a

Registered No. G62983

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2347 W North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Needle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) JAN, 21, 1881

8. AGE: Years	Months	Days	If less than one day
67	3	15	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Philip Needle
13. Birthplace Poland

MOTHER
14. Maiden Name Carlyn ?
15 Birthplace Poland

16 (a) Informant Dr Nathan E Needle
(b) Address 2347 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

MAY 7 - 1948 (Date rec'd by registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 May 1948 at 12:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 April 1948 to 6 May 1948, and that I last saw h 1m alive on 6 May 1948

Immediate cause of death: Cardio-Respiratory Failure — Duration
Due to: Hypertensive C.V.D
Due to: & Coronary Arteriosclerosis
Other Conditions: Fracture of Ulna
(Include pregnancy within 3 months of death)
Date of operation 4 May 1948
Major findings of operation: Fracture of Ulna
of autopsy:

PHYSICIAN
Underline the cause (to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jack D Lerman M.D.
Address Sinai Hosp Date signed 6 May 48

YS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G62984 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1331 James St.
(c) Hospital or institution: 21-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 James St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Edward Granger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Elenora A. Granger
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 3, 1904
8. AGE: Years 44 | Months 2 | Days 1 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business B. & O. R. R.

FATHER
12. Name Edward A. Granger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Ellick
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Elenora A. Granger
(b) Address 1331 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/48. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nichols
(b) Address 4101 Edmondson Ave.

MAY 7 - 1948 (Date rec'd by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4/48 1948, at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1948, to May 4 1948, and that I last saw h.m. alive on May 3 1948.

	Duration
Immediate cause of death Chronic myocarditis with myocardial degeneration	2 yrs.
Due to Hypertensive Cardiv. Vascular Renal Disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Ulrich, Jr
Address 1227 Wash. Blv'd Date signed 5/5/48

X

G62985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G62985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 Mc Henry
(c) Hospital or institution: 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Mc Henry
(If rural give location)
(e) Citizen of foreign country? (Yes, No)
If yes, name country

3 (a) FULL NAME Allie P Brandt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F X	W	widow

6 (b) Name of husband or wife Sebastian Brandt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 4 - 1868

8. AGE: Years	Months	Days	If less than one day
79	11	3	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Geo Pendleton
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Arnold
15. Birthplace Pa.

16 (a) Informant Ertie Callyn
(b) Address 1816 Mc Henry St

17 (a) Buried (b) Date thereof May 10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Annapolis Md

18 (a) Funeral director D L Hopping & Son
(b) Address Annapolis Md

19 MAY 7 - 1948
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1948 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1948 to 5/7 1948 and that I last saw h[illegible] alive on 5/7 1948

Immediate cause of death Carcinoma of at least — Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin McClean M.D.
Address 70 30 Wilkens Date signed 5/7/48

G62986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G62986

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11-✓
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Read St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Agnes Tully

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/20/1880

8. AGE: Years	Months	Days	If less than one day
67	11	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Patrick T. Tully
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Parker
15. Birthplace Scotland

16 (a) Informant Joseph P. Tully
(b) Address Yonkers, N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) MAY 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948 at 11:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 5/5 1948, and that I last saw her alive on 5/5 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Vascular Accident	
Due to Hypertensive C.V.D.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent P. Fitzpatrick M.D.
Address St. Joseph's Hosp. Date signed 6/7/48

VS 150

662987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. 662987

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-4
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Bernard Pugh

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-09-8943

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie M Pugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12" 1891

8. AGE: Years 56 | Months 109 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER
12. Name Chas. E. Pugh
13. Birthplace South Carolina

MOTHER
14. Maiden Name Wm. Hornberger
15. Birthplace Maryland

16 (a) Informant Annie M Pugh
(b) Address 2011 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/48 (month) (yr.)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director Geo M. Fink & Son
(b) Address 811 N Wolfe St

MAY 7 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1948, at 6:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis.
Myocardial hypertrophy and
Due to dilatation.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 5/6/48

G62988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

Registered No. G62988

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 556 W. Biddle St.
(c) Hospital or institution: 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 556 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin T. Martin

3 (b) If veteran, name war: W. W. 1
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 25, 1889
8. AGE: Years 59 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Martin
13. Birthplace Va.

MOTHER
14. Maiden Name Rosa Sleigh
15. Birthplace Va.

16 (a) Informant Mrs. Catherine Martin
(b) Address 578 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

MAY 7 - 1948 (Date received by registrar) Hunting for Williams, Jr.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1948, at 2A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22, 1948 to May 2, 1948 and that I last saw alive on 5/6 1948

Immediate cause of death: Acute myocarditis — Duration: 14 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. [illegible] Fletcher

Address 1 x R 5 Date signed 5/7/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

62989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G62989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 16-2
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 W. Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1883

8. AGE: Years 65 | Months - | Days 20 | If less than one day hr. min.

9. Birthplace Calvert County Md. (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Rawlins
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Calvert Co. Md.

16 (a) Informant David Washington
(b) Address 1038 N. Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-48 (month) (day) (year)
(c) Cemetery or crematory Brooks Chapel
Location Calvert Co. Md.

18 (a) Funeral director Mrs Walter D. Williams
(b) Address 922 N. Schroeder St.

MAY 7 - 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Insp & Inq thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 5-5-48

VS 151

662990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 662990

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT
(c) Hospital or institution: MERCY HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 LIBERTY HEIGHTS AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA G. FREEBURGER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced WIDOW
6 (b) Name of husband or wife (William H.) Freeburger
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) MAR 30, 1868
8. AGE: Years 80 Months 1 Days 6 If less than one day hr. min.
9. Birthplace MD. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name JOHN FILLING
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH SCHMIDT.
15 Birthplace GERMANY

16 (a) Informant [redacted] Evelyn M. Freeburger
(b) Address 4401 Liberty Hgts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address Balto. Md.

19 (a) MAY 7 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1948 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1948 to 5/6 1948 and that I last saw her alive on 5/6 1948

Immediate cause of death CARDIO-RESP. FAILURE — Duration

Due to ARTERIO-SCLEROTIC C.V. DISEASE.

Due to CA OF COLON

Other Conditions Colectomy 5/4/48.
(Include pregnancy within 3 months of death)

Date of operation 5/4/48

Major findings of operation: Ca of Colon.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elden H. Pertz M. D.
Address Mercy Hosp Date signed 5/6/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G62991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga sts 24-4
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Webster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Bramwell H. Simms

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-9137

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hazel Wilson Simms

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) [illegible]-20-1904

8. AGE: Years 43 | Months 0 | Days 16 | If less than one day ____hr. ____min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Lineman

11. Industry or business Balto Transit Co

FATHER 12. Name Samuel J. H. Simms

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Fisher

MOTHER 15. Birthplace Md

16 (a) Informant Mrs. Hazel Wilson Simms

16 (b) Address 1501 Webster st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)

17 (c) Cemetery or crematory Loudon Park Cem Location Baltimore - Md

18 (a) Funeral director George L. Berger, Jr.

18 (b) Address 1512 Hollins St

MAY 7 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 12:50 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary disease

Generalized atherosclerosis

hypertrophy & dilatation of heart

Due to Edema of lungs & acute congestion of all viscera

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur in home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.

Date signed 5-6-48

662992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

662992 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 N. Caroline St.
(c) Hospital or institution: G-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Maggie Dixon

3 (b) If veteran, name war. | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1886

8. AGE: Years: 62 | Months: - | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER 12. Name: Thomas Peshields

13. Birthplace: Md.

MOTHER 14. Maiden Name: Margaret

15. Birthplace: Md.

16 (a) Informant: Josephine Vaughn

(b) Address: 915 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 '48 (month) (day) (year)

(c) Cemetery or crematory: Mt. Calvary Cem.

Location: B.C. County Md.

18 (a) Funeral director: McDonald & Elliott

(b) Address: 1127 N. Caroline St

MAY 7 - 1948 (Date rec'd by registrar) Huntingtown, Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948 at 10 14 P.M.

21. I certify that death occurred on the date above-stated; that I attended deceased from 10-31 1946 to 5-3 1948 and that I last saw h[illegible] alive on 5/3 1948.

Immediate cause of death: Cerebral hemorrhage

Duration
1 hr

Due to: hypertensive cardio-renal disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Rayner Browne M.D.

Address: 1500 EAST MADISON ST. BALTIMORE 5, MD. Date signed 5-6-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

62993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 62243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. Fortieth Street
(c) Hospital or institution: Home for Incurables 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Bessye Trovall Zile

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1884

8. AGE: Years 64 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Westminster, Carroll County, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Leonard Zile

13. Birthplace Westminster, Maryland

MOTHER — 14. Maiden Name Margaret Stevenson

15. Birthplace Westminster, Maryland

16 (a) Informant Records

(b) Address 700 W. 40th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-48 (month) (day) (year)

(c) Cemetery or crematory Westminster

Location Carroll Co

18 (a) Funeral director D. Bankard & Son

(b) Address Westminster Md

(a) (Date) 1948 (b) Registrar (registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 9 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942 to May 7 1948, and that I last saw her alive on May 6 1948.

Immediate cause of death: Cerebral Thrombosis — Duration: 2 years +

Due to:

Due to:

Other Conditions: Pernicious Anemia — 10 years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas Cook MD

Address 11 E. Chase St. Date signed 5/7/48

Remington Williams, Mgr

Baltimore 2 Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G62994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERTRUDE THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband ~~or wife~~ Rev Percy M Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Amelia Wade
15. Birthplace Texas

16 (a) Informant Mrs Margaley Hawkins
(b) Address Aberdeen Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 8 - 1948 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Henry Tennyson Sons
(b) Address Aberdeen Md

MAY 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/48 19 at 11:44 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Due to Fractured Skull
Fractured 3rd 4th, 5th Cervical Vertebrae
Fractured Ribs Left (6, 7 + 8th)

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/6/48 at 10:05 P M.
(b) Where did injury occur? Howard Street Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped off Bridge

23. Signature John R Lord M.D.
Medical Examiner.
Date signed 5/7/48

VS 151

G62995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √47a

G62995 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital 21-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 116 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 768 W. Mc Henry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Begus

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No. 215-01-4524

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1890

8. AGE: Years 57 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Gabriel Begus
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant: Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-48 (month, day, year)
(c) Cemetery or crematory Baltimore National
Location Frederick Avenue

18 (a) Funeral director John A. Grebliauskas Jr.
(b) Address 423 S. Paca St.

19 (a) MAY 7 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 4 1948, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1948 to May 4 1948, and that I last saw h im alive on May 4 1948.

Immediate cause of death 1- Carcinoma, squamous cell, right larynx with metastasis to pleura and liver. — Duration: Unknown
Due to 2- Tuberculosis pulmonary right lung — Duration: Unknown
Due to — Duration:
Other Conditions Hemorrhage gastro-intestinal, origin not determined — Duration: 3 days
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon
Address Clinical Director Date signed 5/5/48 M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62996
C 38950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X G62996 Registered No. 82

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 hrs.

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Carroll
(c) City or town Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Caufield Cofield
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1, 1946

8. AGE: Years	Months	Days	If less than one day
2	4	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Carroll Cofield
13. Birthplace Baltimore County
MOTHER 14. Maiden Name Annabelle Enos
15 Birthplace Baltimore County

16 (a) Informant Mother
(b) Address Hampstead, Md.

17 (a) Burial (b) Date thereof 5-9-48
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Butler, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) 1948 (b)
(Date received by registrar) Registrar

V S 150

Thurlington Williams, MD

Mrs. Cofield ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1948, at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1948 to 5/6 1948 and that I last saw him alive on 5/6 1948

Immediate cause of death	Duration
pneumonia + atelectasis	24 hrs.
Due to Diaphragmatic paralysis	24 hrs.
Due to Bilateral spinal paralysis Ascending paralysis, etiology undetermined	2 days.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret M. Hammond M. D.
Address Sydenham Hosp Date signed 5/6/48

X

G62997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G62997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 S. Castle St.
(c) Hospital or institution: 2-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 S. Castle St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie I. Saunders

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or ~~wife~~ James L. Saunders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1880

8. AGE: Years 67 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15 Birthplace "

16 (a) Informant Mrs. Deborah Rafferty-daughter
(b) Address 511 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory ~~xxxx~~ Baltimore
Location North Ave. & Rose St. Balto. Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/48 19..., at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to May 5 1948 and that I last saw h[illegible] alive on May 5 1948

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 5/7/48

Due to ARTERIOSCLEROTIC, HYPERTENSIVE CARDIO-VASCULAR — 6/28/46

Due to VALVULAR DISEASE

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] E Drenga, M.D.
Address 2978 Hester St Date signed 5/5/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G62998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193E G62998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16-4
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Harlem Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Madeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Edward R Phillips
13. Birthplace Va

MOTHER
14. Maiden Name Mamie Grant
15. Birthplace Balto Md

16 (a) Informant Madeline Phillips
(b) Address 1907 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co. Md

18 (a) Funeral director Isaiah L Brown Co
(b) Address 108 W Montgomery St

19 1948 (Date rec'd by registrar) (b) Registrar

VS 151

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 4:25 P.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Congestive Cardiac Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 5-5-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly. Be especially important. correct age is especially important.

G62999

Canare #7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G62999

1. PLACE OF DEATH: Found River # 6
(a) Baltimore City, Maryland
(b) Street address Preath St + Jones Falls
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 E. 12th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 50? Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location PUBLIC CEMETERY MAY 6 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAY 7 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1948, at M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury found 4-26-48 at 3:45 P M. 4/1

(b) Where did injury occur? found Pier 6 Pratt Jones Falls

(c) Did injury occur at home, on farm, industrial place, in public place? harbor While at work? no

(d) Means of injury Found Drowned

23. Signature [signature] M.D.
Medical Examiner.

Date signed 4-27-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63000

Reserve #6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G63000

Registered No.

1. PLACE OF DEATH: Found floating at Locust Point
(a) Baltimore City, Maryland
(b) Street address 700 Block Pier #7
(c) Hospital or institution: City Morgue 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: ~~40~~ ? | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 6 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 7 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 9:45 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Found 4-25-48 & I.S.A. 24/1 M.
(b) Where did injury occur? FOUND:- PIER #7 LOCUST POINT
(c) Did injury occur at home, on farm, industrial place, in public place? PUBLIC While at work? ?
(d) Means of injury Found Drowned

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 4/25/48

VS 151

X

G63001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G63001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 N. Lafayette Ave
(c) Hospital or institution: 16-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kermit R. Filkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-4037

4 Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1921

8. AGE: Years 25 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace New York, N.Y. (City, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Conrad Filkins

13. Birthplace Va

MOTHER 14. Maiden Name Cora L. Davis

15. Birthplace Va

16 (a) Informant Jamie L. Beale

(b) Address 1112 N. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1948 (month) (day) (year)

(c) Cemetery or crematory Family Lot

Location Lawrenceville, Va.

18 (a) Funeral director Mrs. Cary A. Holland

(b) Address 1631 Druid Hill Ave.

MAY 7 - 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 153

MEDICAL CERTIFICATION

10. DATE OF DEATH 5/6/48, 19, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3/48, 19, to 5/6/48, 19, and that I last saw h alive on 5/5/48, 19.

Immediate cause of death
2. Cancer intestines

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Year Mon

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address 401 Commission Date signed 5/6/48

X

663002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131a

663002 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1511 EDMONDSON AVE

(c) Hospital or institution: 19-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTIMORE, MD (If outside city or town limits, write RURAL and give town)

(d) Street No. 1511 EDMONDSON AVE (If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME ELIZA ELLA FORD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	COLORED	MARRIED

6 (b) Name of husband or wife WILLIAM H. FORD

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 4, 1882

8. AGE: Years	Months	Days	If less than one day
66	10		hr. min.

9. Birthplace NORTHUMBERLAND CO. VA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER

12. Name OCTAVIUS WIGGINS

13. Birthplace NORTHUMBERLAND Co. VA.

MOTHER

14. Maiden Name

15. Birthplace NORTHUMBERLAND Co. VA.

16 (a) Informant ALPHIA WINSLOW

(b) Address 1308 W. LAFAYETTE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8, 1948 (month) (day) (year)

(c) Cemetery or crematory ARBUTUS MEMORIAL PK

Location BALTIMORE, Co. MD.

18 (a) Funeral director MRS. GEORGE H. HOLLAND

(b) Address 1131 DRUID HILL AVE.

19 (a) MAY 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948 at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30, 1948 to May 4, 1948 and that I last saw her alive on May 4, 1948.

Immediate cause of death Hypertensive Cardio-Renal Disease — Duration 6 months

Due to Hypertension — Duration 1 year unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas W. Harris, M.D.

Address 1824 W. Franklin St. Date signed 5-4-48

VS 150

G63003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. G63003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Rockhall
(If outside city or town limits, write RURAL and give town)
(d) Street No..... (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Ruth Davis
3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife.....
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 12-16-91
8. AGE: Years 56 | Months 4 | Days 21 | If less than one day ..... hr. ..... min.
9. Birthplace Maryland (Town, county, and State)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Ayres
13. Birthplace Md

MOTHER
14. Maiden Name Mary Younger
15. Birthplace Md

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1948 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cem
Location Rock Hall Md
18 (a) Funeral director J. Wilkis Wells
(b) Address Huntingtown Maryland
19 (a) Date rec'd by registrar (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 9 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1945 to 5/7 1948 and that I last saw h[illegible] alive on May 7 1945.

Immediate cause of death Operation for Carcinoma of Stomach — Duration 2 yrs 4 mos

Due to Carcinoma of Stomach — More than 1 year

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation 5/4/45

Major findings of operation: Carcinoma of Stomach (extending to Colon)

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Clark E. Taylor Jr. M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/9/48

663004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1096

Registered No. 663004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REDWOOD AND GREEN
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town ~~Baltimore~~ OWINGS Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. BONITA AVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME LINDA Carol WISE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) MAR. 20, 1946

8. AGE: Years 2 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name RAYMOND F/SMITH WISE
13. Birthplace SPARKS, MD.

MOTHER
14. Maiden Name VIVIAN JUNE SLEAGLE
15. Birthplace BALTIMORE, MD

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Anatomical Board
Location University Medical School MAY 7 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 7 1948 (Date rec'd by Reg.) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-48 19 , at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from - NO TIME to 19 , and that I last saw h alive on 19

Immediate cause of death DEAD ON ARRIVAL — Duration
HEART FAILURE (?)
Due to
Due to
Other Conditions MULTIPLE FRACTURES AND HEMATOMAS
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, NONE
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard L. Seabright M. D.
Address Date signed 5-5-48

Howard J. Haslam, M. D.
Examr.

663005 Used

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663005 Registered No.

OC-48-10370 / 160a

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Duke Ind
(c) Hospital or institution: W. Balt. Gen. Hosp. 16-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs. 45 M
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore #16 (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 N. Rosedale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Kirby #1

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-48

8. AGE: Years	Months	Days	If less than one day
			8 hr. 25 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Ralph Thomas Kirby
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Evelyn Muriel Wagenfer
15. Birthplace Baltimore, Maryland

16 (a) Informant MRS. Evelyn Muriel Kirby
(b) Address 931 N. Rosedale ST #16

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 7 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1948 19 at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 AM - 9 A.M. to 5/4/48 and that I last saw HER alive on 5/4 19 48

Immediate cause of death: Intra Cranial Hemor. - Shock -
Due to: Precipitate Labor
Due to:
Other Conditions: Prematurity
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Grunting, M.D.
Address W.B. Gen. Hosp. Date signed 5/7/48

G63006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63006
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 N Washington St
(c) Hospital or institution: 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 N Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia A Humphrey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert Humphrey
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): 1893
8. AGE: Years: 55 Months: Days: If less than one day: hr. min.
9. Birthplace: Mondandsville Va (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:
FATHER 12. Name: Robert Shuflett
13. Birthplace: Va
MOTHER 14. Maiden Name: Lorraine Morris
15. Birthplace: Va
16 (a) Informant: Wilhom McDonald
(b) Address: 1138 S Conkling St
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5-48 (month) (day) (year)
(c) Cemetery or crematory: Waynesboro
Location: Waynesboro Va
18 (a) Funeral director: Kellyid Funeral Home
(b) Address: 210 E Oliver St
19 (a) (Date received by registrar) (b) Huntington Williams Registrar

MAY 7 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 5 1948, and that I last saw h alive on May 5 1948

Immediate cause of death: Myocardial insufficiency — Duration: 2 days?
Due to: Severe Flu & cold — 5 weeks
Due to: Diabetes — 10 yrs
Due to: Gall Bladder & Hepatic infestation & Gallstones
Other Conditions: Anemia & Chronic Tonsillar infestation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John N. Cleft, M. D.
Address 5010 Greenbelt Road Date signed 5-6-48

Dec 63007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663007 Registered No. 45154

1338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Live Oak
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George Demedicis

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dortharene

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 3-13-02

8. AGE: Years	Months	Days	If less than one day
46	1	25	____ hr. ____ min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Restaurant

11. Industry or business

FATHER 12. Name Charles F. Demedicis

13. Birthplace S. C.

MOTHER 14. Maiden Name Fannie Coward

15. Birthplace S. C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 7/48 (month) (day) (year)

(c) Cemetery or crematory Augusta Ga

Location Augusta Ga

18 (a) Funeral director Welsh Funeral Home

(b) Address 2008 Orleans St

19 (a) 1948 (b) [illegible] by registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1948, at 4:55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1948 to 5-7 1948, and that I last saw him alive on 5-7 1948.

Immediate cause of death	Duration
Postoperative Hemorrhage	3 hrs
Due to Straining tearing of large vessels	1 wk
Due to	
Other Conditions Rt. renal non-function	several yrs

(Include pregnancy within 3 months of death)

Date of operation Apr 21, 1948

Major findings of operation: Rt renal shutdown, block in ureter

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Terry B Hudson M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/7/48

G63008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-4 Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Idaho Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Melvina Wyatt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Jesse R. Wyatt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17-1881

8. AGE: Years	Months	Days	If less than one day
66	7	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles K. Van Horn
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Kemp
15. Birthplace Md.

16 (a) Informant Mrs. Jesse R. Wyatt
(b) Address 4111 Idaho avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Road.

19 (a) (Registered by registrar) (b) Registrar Williams [illegible] at Balto.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 19 48 at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1948 to 5-6 1948, and that I last saw her alive on 5-6 1948.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions Diabetis Mellitus	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. L. Jamison
Address University Hosp Date signed 5-7-48 M. D.

94a

G63009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G63009 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2332 Madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 Madison ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lola Mae Wilson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Ferdinand Wilson
6 (c) If alive, give age 1889 years

7. Birth date of deceased (mo., day, yr.) 2/2/89

8. AGE: Years 59 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William H. Grant
13. Birthplace Md

MOTHER
14. Maiden Name Drucilla —
15. Birthplace Md

16 (a) Informant Ferdinand Wilson
(b) Address 2332 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Arlington Md

18 (a) Funeral director George E. Nelson
(b) Address 1363 Pennsylvania Ave

19 MAY 7 1948 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948, at 4:05 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1948 to May 4 1948 and that I last saw h[illegible] alive on May 3 1948.

Immediate cause of death: Carcinoma of Sigmoid — Duration 6 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Feb 27, 1948
Major findings of operation: Carcinoma of Sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Pettingher
Address 825 N. Fremont Ave Date signed 5/7/48

VS 150

663010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. TO correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Cal. (b) County
(c) City or town San Francisco (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David BACH

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Alice Jeanett
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 18 1882

8. AGE: Years	Months	Days	If less than one day
66	0	19	hr. min.

9. Birthplace Carroll County Maryland (Town, county, and state)
10. Usual Occupation Mariner
11. Industry or business Steam Boat

FATHER 12. Name George H Bach
13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta Heller
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Malin
(b) Address 1316 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt Wolfington
Location Donald Street Baltimore Md

18 (a) Funeral director George J Gutt Inc
(b) Address 1795 Edmondson Ave Baltimore, Md

19 (a) Date received by registrar MAY 7 - 1948 (b) Registrar

VS MAY 7 - 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/48, 19 , at M

21. I certify that I took charge of the remains described above, held an Inspection & Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 5/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63011 — BALTIMORE CITY HEALTH DEPARTMENT — CERTIFICATE OF DEATH — 150C — 463011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Aisquith St.
(c) Hospital or institution Mercy Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore. 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Aisquith St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rita DeLoe. Rita H. DeLac 4C-08994

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 178-01-6865

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife Joseph DeLac.
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr) Dec 13, 1913

8. AGE: Years 34 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace Pottsville Pennsylvania
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Aloysius Waechter.
13. Birthplace Pottsville Pa.

MOTHER
14. Maiden Name Rita Waechter
15. Birthplace Pottsville Pa.

16 (a) Informant Joseph J. DeLac - Husband
(b) Address 1424 Aisquith Streat

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory St. Johns the Baptist Cemetery
Location Pottsvill, Pennsylvania

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue, Balto: Md

MAY 7 - 1948 (Date rec'd by registrar) (b) Huntingtown Mills, Md. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1948, to 5-6 1948
and that I last saw h&r alive on 5-6 1948

Immediate cause of death Congestive Heart failure.

Due to Congestive pneumonia

Due to Infection during puerperium

Other Conditions Pregnancy — 9 1/2 lunar Post-Partum Atelectasis
(Include pregnancy within 3 months of death)

Date of operation 5-23-48

Major findings of operation: Delivery

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Hunter
Address Mercy Hospital Date signed 5/6/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 309

G63012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43 N. Catherine Street
(c) Hospital or institution: ********** 0
(d) Length of stay in hospital or inst. (yrs., mos., or days) ***
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 N. Catherine Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No) No.
If yes, name country

3 (a) FULL NAME JOSEPH P. McGONIGLE

3 (b) If veteran, name war: ****
3 (c) Social Security Account No. 213-22-2214

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Virgie S.
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 16 1884

8. AGE: Years	Months	Days	If less than one day
63	9	19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto. City Fire Dept.

FATHER
12. Name Peter McGonigle
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Butsekky
15. Birthplace Maryland

16 (a) Informant Virgie S. McGonigle
(b) Address 43 N. Catherine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/48 (month) (day) (year)
(c) Cemetery or crematory New Cathederal
Location Baltimore Maryland

18 (a) Funeral director F. B. WIPPERT & SON
(b) Address 1300 EUTAW PLACE....17

19 (a) [illegible] 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 th. 1948, at 9:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29, 1945 to May 4 1948. and that I last saw h im alive on May 4, 1948.

	Duration
Immediate cause of death: Coronary occlusion	sudden
Due to: High blood pressure	2½ yrs.
Due to:	
Other Conditions: Bronchial asthma Syphilis Late latent (Include pregnancy within 3 months of death)	2½ yrs. 20 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert E. Rudman, M.D.
Address W. Baltimore St. Date signed 5/10/48

Dr. Rudman 94a

663013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

Registered No. 663013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenway Apartments
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband or ~~wife~~: James F. Waters Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19th 1883

8. AGE: Years 64 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name William Hartlove
13. Birthplace Unknown

MOTHER
14. Maiden Name Bennette Rueling
15. Birthplace Unknown

16 (a) Informant James P. Waters
(b) Address Greenway Apts.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 8 - 1948 (Date rec'd by registrar) (b) Printing for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948, at 4 40 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 Dec 1946 to 6 May 1948 and that I last saw h[illegible] alive on 4 May 1948.

Immediate cause of death [redacted] or

Due to Esophageal obstruction, Metastasis from

Due to Cancer Breast, Right.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1943

Major findings of operation: malignancy

of autopsy: Refused.

Duration
[redacted]
6 months
65 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Aetna M.D.
Address 1208 St Paul St Date signed 6 May 48

X

G63014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. G63014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Allendale Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** La Lula Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20th 1860

8. AGE: Years 87 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Somerset Co. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Nurse & Companion

FATHER
12. Name Gustavus A. Maddox
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Maddox
15. Birthplace Md.

16 (a) Informant Carolyn Maddox
(b) Address 2812 W. North Ave.

17 (a) Burial (b) Date thereof 5/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) MAY 8 - 1948 (b) Funeral for William [illegible] M.D.
(Date rec'd by registrar)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1948, at 3:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1948 to May 7 1948 and that I last saw h~~e~~ alive on May 6 1948

Immediate cause of death	Duration
Advanced arteriosclerosis	9
Hypertension	?
Due to myocarditis chron 2 mo. - 2 mo	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

~~Date of operation~~

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident, suicide, or homicide~~
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Dublett M. D.
Address 2220 Harrison Blvd. Date signed May 7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G63015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 Woodington Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Woodington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Immler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19th 1868

8. AGE: Years 79 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business Music

FATHER 12. Name Henry W. Immler

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary Krein

15. Birthplace Balto. Md.

16 (a) Informant Eleanor Immler

(b) Address 5 S. Woodington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 217 St. Paul St

19 (a) MAY 8 - 1948 (Date rec'd by registrar) (b) Interment for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1944 to May 6 1948.
and that I last saw him alive on May 5 1948.

Immediate cause of death Carcinomatosis — Duration

Due to

Due to Carcinoma Gall Bladder — 4 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan H. Chaffee M.D.
Address 420 Hudson Date signed 5/9/48

G63016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 948

Registered No. G63016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 East 30th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 East 30th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schmidt, Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-12-0757

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Annie W. Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 26, 1867

8. AGE: Years 81 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Frankfort, Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Victoria Giese
15. Birthplace Germany

16 (a) Informant Charles Schmidt
(b) Address 1918 East 30th Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) MAY 8 - 1948 (Date rec'd by registrar) waiting for William, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948, at 4:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1948 to 5/7 1948 and that I last saw him alive on 5/6 1948

Immediate cause of death	Duration
Angina Pectoris	1 yr.
Due to — Arter. Sclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Wm. A. Waite MD

Address 1239 William St Date signed 5/7/48 M. D.

VS 150

X

663017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. 663017

MARGIN RESERVED FOR BINDING. The information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 E. Clement St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1886

8. AGE: Years: 62 | Months: 2 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: —

FATHER
12. Name: Richard Trader
13. Birthplace: Va

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mr Chas W. Brewer
(b) Address: 538 E. Clemant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Frederick Ave

18 (a) Funeral director: John F. Denny Dec
(b) Address: 914 Eight St

19 (a) MAY 8 - 1948 (Date rec'd by registrar) (b) Curtis Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7 May 1948, at 12 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1948, to 5-7 1948, and that I last saw h.er alive on 5-7 1948

Immediate cause of death	Duration
Myocardial infarction	
due to Coronary Occlusion	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.
Address Franklin Sq. Hosp Date signed 5-7-48

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63018

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifford L Appel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1901

8. AGE: Years	Months	Days	If less than one day
46	3	16	hr. min.

9. Birthplace Maryland (town, county and state)
10. Usual Occupation Mechanic
11. Industry or business B & O. R.R.

FATHER
12. Name Clifford Appel
13. Birthplace Md

MOTHER
14. Maiden Name Emma G. Carlisle
15. Birthplace Md

16 (a) Informant Filia May Carlisle
(b) Address 834 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Ave

18 (a) Funeral director John F Denny Inc
(b) Address 1116 Eight St

19 (a) MAY 8 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1948, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 19 48 to May 4 1948, and that I last saw him alive on 19

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to	
Due to	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 125 S Chester St Date signed 5/7/48

VS 183

663019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Point Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 230 Route #9 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle M. Higdon
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James A. Higdon
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) October 5, 1890

8. AGE: Years 57 | Months 7 | Days - | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Fletcher Cassell
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Tome
15. Birthplace Maryland

16 (a) Informant Mrs. B. E. Tibbitt
(b) Address Box 230 Route #9 Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave

18 (a) Funeral director John F. Denny - C. L. Hess
(b) Address 24 Light St.

19 MAY 8 - 1948 (Date rec'd by registrar) (Signature) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1948, at 6:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-48 1948 to 5-5 1948, and that I last saw h[illegible] alive on 5-5 1948.

Immediate cause of death: Cardiac Arrest

Due to Myocardial Cardiac - Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Spielman M.D.
Address WBGH Date signed 5-5-48

G63020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 Radnor Rd.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 yrs 11 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltcity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Radnor Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mildred Maudain Crawford Bowersock

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albert C. Bowersock

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): April 5 1883

8. AGE: Years 64 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace: Charlestown Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Saml S. Crawford
13. Birthplace: Md.

MOTHER
14. Maiden Name: Julia R. Vaughan
15. Birthplace: Md.

16 (a) Informant: A. C. Bowersock Jr. (Son)
(b) Address: 300 Radnor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-48 (month) (day) (year)
(c) Cemetery or crematory: Old St. Pauls
Location: Mrs Charlestown

18 (a) Funeral director: Stewart & Co.
(b) Address: 108 W. Centre St.

19 (a) MAY 8 - 1948 (Date rec'd by registrar) (b) Huntington Ave Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1947 to May 6 1948 and that I last saw h[illegible] alive on April 30, 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 mos

Due to: Hypertension

Due to: Cerebral arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hal Barden. M.D.

Address: Balto 13 [illegible] Date signed: 5/7/48

VS 159

163021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 163021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 PENTRIDGE RD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 9
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 PENTRIDGE RD
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE C. FREDERICK

3 (b) If veteran, name war NO.

3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife MARGARETTA C. FREDERICK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 12, 1874

8. AGE: Years	Months	Days	If less than one day
74	0	22	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation INSURANCE SALESMAN

11. Industry or business ETNA LIFE INS. CO.

FATHER
12. Name JOHN FREDERICK
13. Birthplace GERMANY

MOTHER
14. Maiden Name FREDERICKA MEISTER
15. Birthplace GERMANY

16 (a) Informant MRS. MARGARETTA C. FREDERICK
(b) Address 1509 PENTRIDGE RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/8/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO., MD.

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO., MD

19 (a) [redacted] 8 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/1948, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/48 19— to 5/4/1948 that I last saw him alive on 5/4/48 19—.

Immediate cause of death	Duration
Myocardial degeneration	1 yr
Due to	
Due to	
Other Conditions Hypertension	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. M. Herrmann M.D.
Address 1710 E. 33rd St. Date signed 5/7/48

X

B 96730

630822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓107

Registered No. 630822

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 W. West St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W. West Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ullyses Fortune ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-47

8. AGE: Years | Months: 4 | Days: 13 | If less than one day: hr. min.

9. Birthplace Bertie
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Fortune
13. Birthplace N C

MOTHER
14. Maiden Name Clara Fortune
15. Birthplace N C

16 (a) Informant: Clara Fortune
(b) Address 534 W. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8th 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brentland Md

18 (a) Funeral director Leroy O. Wilson
(b) Address 1000 Pennsylvania

19 (a) MAY 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 8:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Broncho pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Thaddeus M.D.
Medical Examiner.
Date signed 5-6-48

X

663023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Llewelyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John BISHOP

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Bishop
13. Birthplace nc

MOTHER
14. Maiden Name Margret Bishops
15. Birthplace nc

16 (a) Informant Annie Bishop (Wife)
(b) Address 2003 Llewelyn av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8th 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brookland Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Braddock av

19 MAY 8 1948 (b) Registrar Huntington Williams, M.D.
(Date received by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 4:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inqu. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arterioselerotic cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 5/6/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

Registered No. 63024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Noble St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Noble St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob H. Fritzler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/19/1902

8. AGE: Years 46 | Months 2 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John M. Fritzler
13. Birthplace Germany

MOTHER 14. Maiden Name Marion Schindeling
15. Birthplace Germany

16 (a) Informant John M. Fritzler
(b) Address 3416 Noble St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2006 Arlington Ave

19 (a) Filed (Date rec'd by registrar) May 8 1948 (b) Huntington Ave Registrar, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1948, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945, to May 5 1948, and that I last saw h alive on May 4 1948

Immediate cause of death: Fracture of vertebra c
Fracture of spinal cord

	Duration
Due to	21 years.
Due to	
Other Conditions Multiple Hemorrhages	4-5 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1927 at M.
(c) Where did injury occur? Washington Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? yes
(Specify type of place)
(e) Means of injury Caught in a machine

23. Signature H. Gordon M.D.

Address 3400 R. Blvd W Date signed 5/7/48

Howard J. Wilson, M.D.

(over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully handled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663025

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3620 Greenmount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph C. Cunningham

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Cunningham
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan 17th 1886

8. AGE: Years	Months	Days	If less than one day
62	3	20	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Blue Bell Laundry

FATHER
12. Name Wm Cunningham
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary E Leonard
15. Birthplace Ohio

16 (a) Informant Bertha Cunningham
(b) Address 3620 Greenmount Ave

17 (a) Burial (b) Date thereof May 10- 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location City

18 (a) Funeral director Ulbrich Funeral Home
(b) Address 200 E Oleans St

19 (a) MAY 8 1948 (b) Huntington Willia
Filed by Registrar Deputy Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948, at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 6 1948 and that I last saw h[illegible] alive on May 6 1948

Immediate cause of death Acute Coronary Thrombosis — Duration 3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. L. Ewald Jr.
Address 36 York Ct Date signed 5/7/48

X

G63026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G63026

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2225 Jefferson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E Kurtz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E Kurtz
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec 31 18[illegible]

8. AGE: Years	Months	Days	If less than one day
83	4	6	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Retired

FATHER
12. Name Christian Kurtz
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Wm E Kurtz Jr
(b) Address 3430 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2001 Orleans St

19 (a) May 8 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1948 to May 6 1948, and that I last saw h alive on May 6 1948.

Immediate cause of death	Duration
Uremic coma	5/3/48
Due to Chronic Interstitial Nephritis	1/1946
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Rypans MD
Address 801 N Rockwood Date signed May 8th 1948

X

Otten

063027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 063027 A 5189

Q 64422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Calvert St.
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Ash St. (If rural give location)
3501
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kevin Raymond Otten

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1947 1946

8. AGE: Years	Months	Days	If less than one day
1	5	28	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name John Fred Otten
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Nellie M. Daniel
15. Birthplace Virginia

16 (a) Informant John Albert Otten
(b) Address 3501 Ash St. Balto.

17 (a) Burial (b) Date thereof May 8, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Paul C. Schemansky Jr.
(b) Address 3615 E. Baltimore Ave.

19 MAY 8 - 1948 Chas. Livingston Willmann, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948 to May 6 1948, and that I last saw h.m. alive on May 6 1948

Immediate cause of death	Duration
1(a) Meningococcemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Hoyan Jr. M.D.
Address Union Mem. Hosp. Date signed 5/6/48

For B. J. Davis, by Howard J. Mueller, M.D.

To be [illegible]

63028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G63028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dennis Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1943

8. AGE: Years 4 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William H. Henderson
13. Birthplace Md

MOTHER
14. Maiden Name Myrtle V. Billings
15. Birthplace Md

16 (a) Informant: William H. Henderson
(b) Address 3718 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1948 (month, day, year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Paul E. Shemonith
(b) Address 3615 Lakefront Ave. Huntingtown, Williams, Md.

19 (a) Date rec'd MAY 8 1948 (Registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948, at 6:30 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inq. (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull
Fractured Pelvis
Due to Evisceration of abdominal organs
EVISCERATION
Other Conditions Multiple contusions & bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 7, 1948 at 12/7 P.M. 6:15
(b) Where did injury occur? 3600 Block Falls Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? Street While at work? No.
(d) Means of injury Struck by auto

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5-8-48

663029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469

Registered No. 663029

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 3 Fairhaven Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Fairhaven Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank A. Lutz

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-5608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1885

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Store keeper
11. Industry or business Self-Employed

FATHER
12. Name Carl Lutz
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Boldman
15. Birthplace Germany

16 (a) Informant Mrs. Emma Erdman
(b) Address 5210 Ballman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1948 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Patapsco Highways

18 (a) Funeral director Krause Funeral Home
(b) Address 1216 N. Charles St.

19 MAY 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1948 to May 5 1948, and that I last saw h. alive on May 4 1948.

I. Immediate cause of death Carcinoma head of Pancreas

Due to:

Due to:

Other Conditions Metastases to Lungs - Hypostasis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John C. Scheunck, M.D.
Address 133 S. Charles St. Date signed 5/7/48

VS 150

663030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 663030

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beulah Nilan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1907

8. AGE: Years 40 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Nilan
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Booth
15. Birthplace Baltimore, Md.

16 (a) Informant David Nilan
(b) Address 539 T.C. - A.P.O. #317

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-48 (month) (day) (year)

(c) Cemetery or crematory Albertus Mem.
Location Balto. Co.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 David Hill Ave.

19 (a) (Date rec'd by registrar) Huntington-Williams

MAY 8 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to May 5 1948
and that I last saw her alive on May 5 1948

Immediate cause of death: Carcinoma of Cervix — Duration: 1 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Nesbitt

Address 7 E. Lexington St. Baltimore Date signed 5/8/48

X

663031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Allendale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Allendale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Rey Sneuffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Evelyn Spencer Sneuffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1897.

8. AGE: Years	Months	Days	If less than one day
50	9	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Custom Inspector

11. Industry or business U. S. Gov't

FATHER
12. Name Phillip J. Sneuffer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary D. Seffer
15. Birthplace Md.

16 (a) Informant Mrs. Evelyn Sneuffer
(b) Address 808 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/48. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Winkler
(b) Address 4101 Edmondson Ave.

19 MAY 8 - 1948 (Date rec'd by registrar) (Signature) Hunterstown Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6/48. 19 , at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1946, to 5/6/ 19 48, and that I last saw him alive on 5/6 19 48

Immediate cause of death: Coronary thrombosis — Duration 5/6/48

Due to: Arteriosclerotic cardio-vascular disease — 1945

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oliver E. Pendleton M. D.

Address 3629 Edmondson Ave Date signed 5/6/48

663032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N C (b) County
(c) City or town Saluda (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? N C (Yes or No)
If yes, name country

3 (a) FULL NAME F. Dee Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. Not Available

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-24

8. AGE: Years 23 | Months 7 | Days 4 | If less than one day — hr. — min.

9. Birthplace Saluda N C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name R. M. Hall
13. Birthplace N C

MOTHER 14. Maiden Name Jane Pace
15. Birthplace N C

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1948 (month) (day) (year)
(c) Cemetery or crematory Saluda Mem. Park
Location Saluda N. C.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. North Ave

19 MAY 8 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-48 8:00 P.M., at

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1948 to 5-7 1948 and that I last saw h alive on 5-7 1948

Immediate cause of death Cardiac Failure — Duration 3 days

Due to Congenital Heart Disease 22yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1 May 48

Major findings of operation: Pulmonic atresia

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Crawford, M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 8 May 48

63033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 50

Registered No. 663033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 So Franklintown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give township)
(d) Street No. 13 So Franklintown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Klein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Simon
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant Philip Klein
(b) Address 13 So Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-48 (month) (day) (year)

(c) Cemetery or crematory
Location Worcester, Mass

18 (a) Funeral director Jack Lewis Inc
(b) Address 2400 Eutaw Place

19 MAY 8 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1948, at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to 5-8 1948.
and that I last saw h alive on 5-8 1948.

Immediate cause of death: Carcinoma of Breast Metastasized — Duration 3 years
with metastases
Due to
Due to
Other Conditions: Chronic Bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper, M.D.
Address 2701 Eutaw Place Date signed 5-9-48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address UNIVERSITY
(c) Hospital or institution: GREEN ST 6 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 E. FAIRMOUNT AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bessy Berman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1872

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Leah
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 5-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Hebr Ref.

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl.

19 (a) (Date received by registrar) (b) Huntington Hollis Funeral Home

MAY 9 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/48 19 , at 11:00 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/1/48 19 to 5/7/48 19 , and that I last saw him alive on 5/7/48 19

Immediate cause of death Respiratory failure

Due to Intra-Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. M. Berman Jr

Address 1804 E. Fairmount Ave Date signed 5/9/48

X

G63035 | BALTIMORE CITY HEALTH DEPARTMENT | G63035

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Edgewood Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Edgewood Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis J Caplan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Ralph Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel ?
15. Birthplace Russia

16 (a) Informant Mrs Ralph Weinberg
(b) Address 3605 Edgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd Cem
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) MAY 9 - 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 3.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946, to May 1948 and that I last saw him alive on May 5 1948.

Immediate cause of death Coronary Thrombosis — Duration Inst.

Due to Arteriosclerosis — Duration 4 or 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bertha A. Kahn M.D.
Address 3700 Park Heights Ave Date signed May 9 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63036 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 So. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 So. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Eyth

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-1606

4. Sex M | 5. Color of race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b). Name of husband or wife Catherine Eyth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 188[illegible]

8. AGE: Years 73 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Lateman

11. Industry or business

FATHER
12. Name George Eyth
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Catherine Eyth
(b) Address 24 So. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director John A. Moran
(b) Address 300 E. Baltimore St

MAY (a) 9 - 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1948, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8 1948, to 5-7- 1948, and that I last saw h[illegible] alive on 5-7- 1948.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertensive heart disease	
Due to Hypertension	
Other Conditions arteriosclerosis generalized (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 4X Kastort Date signed 5-8-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 O Donnell st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 O Donnell st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frone or Veronica Franciszkowska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 25 87

8. AGE: Years: 71 | Months: 4 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: housework

11. Industry or business

FATHER
12. Name: Jacob Kulonp
13. Birthplace: Poland

MOTHER
14. Maiden Name: unknown
15. Birthplace: Poland

16 (a) Informant: Jannis Franciszkowski
(b) Address: 3102 O Donnell st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cem
Location: German Hill Road

18 (a) Funeral director: Marie E Fialkowski
(b) Address: 1000 S. Kenwood ave

19 (a) 1948 (Date received by registrar) (b) Clayton Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1948 at 1.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1948 to May 6, 1948 and that I last saw h.. alive on May 6, 1948

Immediate cause of death: Coronary Thrombosis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Andrew Franciszkowski Jr M. D.

Address 2529 Eastern ave. Date signed

G63038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G63038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 N. Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie A Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Richard E. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 25th 1890

8. AGE: Years 57 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Home & wife

11. Industry or business: At Home

MOTHER / FATHER

12. Name: Frank Mervis

13. Birthplace: Ireland

14. Maiden Name: Anna Murphy

15. Birthplace: Ireland

16 (a) Informant: Richard E. Smith

(b) Address: 835 Ashland Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 11 1948 (month) (day) (year)

(c) Cemetery or crematory: WESTERN

Location: BALTO. Md.

18 (a) Funeral director: WILLIAM COOK INC.

(b) Address: 1217 ST. PAUL ST.

19 (a) (Date received by registrar) (b) Registrar

MAY 9 1948

VS. 193

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1948, at 6:02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1948 to 5-8 1948 and that I last saw her alive on 5-8 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension and arteriosclerosis	
Due to	
Other Conditions Arteriosclerosis Coronary Artery Disease (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Birdsong M.D.

Address WBGH Dr Hosp Date signed 5-8-48 M. D.

X

663039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4618 Curtis Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4618 Curtis Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas T. Salyers

3 (b) If veteran, name war

3 (c) Social Security Account No. 278-03-5375

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married.

6 (b) Name of husband or wife Lacie Salyers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13th 1883

8. AGE: Years	Months	Days	If less than one day
65 66	2	24	hr. min.

9. Birthplace Elliott, Ky
(Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry Coal Mines-Fairfield Life Years

FATHER
12. Name Samuel Skeyrs
13. Birthplace Elliott N.Y.

MOTHER
14. Maiden Name Elizabeth Skeyrs
15. Birthplace Willard Ky.

16 (a) Informant Ronald Salyers
Cottage Grove Beach, A.A.Co. Md.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 9 1948 (month) (day) (year)
(c) Cemetery or crematory FIRE BRICK
Location PORTSMOUTH, KENTUCKY

18 (a) Funeral director WILLIAM COOK INC.
(b) Address 1217 ST. PAUL ST.

MAY 9 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1948 to 5/7 1948, and that I last saw him alive on 5/7 1948

Immediate cause of death	Duration
Arteriosclerotic heart disease	2 y.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Loeb M. D.
Address 1900 N. Charles St. Date signed 5/7/48

VS 150

G63040 BALTIMORE CITY HEALTH DEPARTMENT G63040
CERTIFICATE OF DEATH 469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Glenarm Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mar. Edna Mae Warehime WAGNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband ~~or wife~~ Elmer W. Wagner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10th 1906

8. AGE: Years 41 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Balto. Natl Bank

FATHER
12. Name John Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Olivia Myers
15. Birthplace Md.

16 (a) Informant Elmer W. Wagner
(b) Address 4202 Glenarm Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/11/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 9 - 1948 (Date rec'd by registrar) (b) Registrar

VS 4-50

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/48 19 , at 2 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3/48 19 , to 5/8/48 19 , and that I last saw h alive on 5/8/48 19 .

Immediate cause of death Liver Shock. — Duration

Due to Cholecystectomy

Due to Cancer Head of Pancreas

Other Conditions Chole Lithiasis

(Include pregnancy within 3 months of death)

Date of operation 5/5/48

Major findings of operation: Ca head of pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A Bailey

Address 1405 Caroline Date signed 5/8/48

X

663041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

663041 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina Street
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6407 Rosemont Avenue
(If rural give location)
(e) Citizen of foreign country? NC (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Lyda Wakeman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe.	White	Married

6 (b) Name of husband ~~or wife~~ Llewellyn Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1914

8. AGE: Years	Months	Days	If less than one day
33	X 4	3512	hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual Occupation Wife.
11. Industry or business Home

FATHER
12. Name James Wesley HIPPARD
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha McCaddin
15. Birthplace Md.

16 (a) Informant Llewellyn Wakeman
(b) Address 6407 Rosemont Ave

17 (a) Burial (b) Date thereof 5/11/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) (b) Livingston Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 at 10:14 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19/ 1948 to 5/8/ 1948, and that I last saw h~~im~~ alive on 5/8/ 1948.

Immediate cause of death CARDIAC FAILURE	Duration
Due to RHEUMATIC HEART DISEASE	
Due to	
Other Conditions SUBACUTE BACTERIAL ENDOCARDITIS (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: VEGETATIONS
of autopsy AORTIC MITRAL VALVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P. Porter M.D.
Address St. Jos. Hosp Date signed 5/8/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G63042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 E North Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Wallace

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1866

8. AGE: Years 61 | Months 5 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Charles C Wallace
13. Birthplace Baltimore MD

MOTHER
14. Maiden Name Priscilla Renshaw
15. Birthplace Baltimore

16 (a) Informant MR. CHAS. C. WALLACE
(b) Address UNION TOWER BLDG

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Wm. J. Dickson Sons & Walsh Hallows
(b) Address

MAY 9 - 1948 (Date rec'd by registrar) (b) Livingston Williams, Registrar

V3 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1948 to May 7 1948, and that I last saw h. alive on May 7 1948.

Immediate cause of death	Duration
Recurrent Carcinoma of Breast with metastasis	8 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kirby Moore M.D.
Address Church Home - Hosp Date signed 5-7-48 M. D.

X

G63043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registration No. G63043 / 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2516 Penna. Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2516 Penna Ave (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3 (a) FULL NAME Dorothy D. Jewitt

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fred C. Clarke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1867

8. AGE: Years 81 | Months 3 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Gettysburg, Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name John P. Rose

13. Birthplace Phila., Pa.

MOTHER — 14. Maiden Name Anna E. Johnston

15. Birthplace Phila., Pa.

16 (a) Informant Mr. Donald Engler

(b) Address 313 Thornhill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md

18 (a) Funeral director Wm. J. Pickney & Sons

(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Langston Williams, Registrar

MAY 9 - 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/1948, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1948, to May 7 1948, and that I last saw h[illegible] alive on May 7 1948.

Immediate cause of death: Chronic Interstitial Nep. Contra. — Duration: Several years

Due to: arterio sclerosis

Due to: old age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Enlist C. Blake M. D.

Address Md. Asta Bldg Date signed May. 8. 48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 448

G63044 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. CHARLES ST
(c) Hospital or Institution: DOCTORS' HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. LOUDON AVE (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME JOSEPH DE MAY JR.

3 (b) If veteran, name war: WW II
3 (c) Social Security Account No. 217-16-5324

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: CAROL R. DeMay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUL 1, 1922

8. AGE: Years 25 | Months 10 | Days 7 | If less than one day: hr. min.

9. Birthplace: BALTIMORE, MD. (Town, county and state)

10. Usual Occupation: PURCHASING AGENT

11. Industry or business: AM. BRANCH SHOE CO.

FATHER
12. Name: JOSEPH DE MAY JR.
13. Birthplace: ITALY

MOTHER
14. Maiden Name: LAURA H. HAUGHEY
15. Birthplace: BALTO., MD.

16 (a) Informant: CARL R. DeMay JR. (wife)
(b) Address: 604 N. ~~CHARLES ST~~ LOUDON

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month) (day) (year)
(c) Cemetery or crematory: BALTO NAT'L
Location: BALTO., MD.

18 (a) Funeral director: JOHN J. TICHNER & SONS
(b) Address: BALTIMORE, MD.

19 (a) MAY 9 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1948 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1948 to May 8 1948 and that I last saw him alive on May 7 1948.

Immediate cause of death	Duration
Cardiac Hemiplegia	
Due to Hypertensive Disease	4 yrs.
Due to Chronic Arthritis	20 da.
Other Conditions Cpl. of Liver & Kidneys	21 da.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Elwood Thomas
Address 1121 Cathedral St Date signed 5/8/48

VS 150

G63045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63045 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 W. UNIVERSITY PKY
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 W. UNIVERSITY PKY (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT STANLEY CASTLE

3 (b) If veteran, name war WWI

3 (c) Social Security Account No. 214-16-0399

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife FRANCES CASTLE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) MAR. 6, 1889

8. AGE: Years 59 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace PEORIA, ILL (Town, county, and state)

10. Usual Occupation ADVERTISEMENT EXECUTIVE

11. Industry or business

FATHER
12. Name GEO. CASTLE
13. Birthplace WASHINGTON, ILL

MOTHER
14. Maiden Name CARRIE DAVIS
15 Birthplace ILL.

16 (a) Informant FRANCES CASTLE
(b) Address 909 W UNIVERSITY PKY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ DRUID RIDGE
Location PIKESVILLE, MD

18 (a) Funeral director WM. T. TICKNOR & SONS
(b) Address BALTO, MD

19 (a) 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1948, at 9 : AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6th 1948 to May 7th 1948. and that I last saw h alive on May 6th 1948.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Irving Brinkoff, M.D.
Address Emerson Hosp. Date signed 5/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G63046 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 83rd & Colbert
(c) Hospital or institution: Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2472 Shirley Ave, City (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Charles (Anna) Shaffer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Charles S Shaffer (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5. 1880

8. AGE: Years 67 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business

FATHER
12. Name John G. Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Denton
15 Birthplace Maryland

16 (a) Informant Mr. John G. Williams (Brother)
(b) Address 2472 Shirley Ave, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Wm J. Dickson & Sons
(b) Address North Ave. Balto

19 (a) [illegible] (b) [illegible]
[illegible] recd by registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8. 1948, at 4 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on May 8 1948.

Immediate cause of death: Acute glomerulonephritis — Duration: 2 weeks
Due to:
Due to:
Other Conditions: Arteriosclerosis
Heart disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Swollen K. Mayo. Arteriosclerotic Heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Wood Alford M. D.
Address Union Mem. Hospital Balto Date signed 5-8-48

130

663047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 52a

663047
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Virgie Wolfe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1890

8. AGE: Years	Months	Days	If less than one day
57	7	19	hr. min.

9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Milton H. Eberhart
13. Birthplace York Pa

MOTHER
14. Maiden Name Anna M. Culbertson
15. Birthplace Emmitsburg Md

16 (a) Informant Estella Stoltzfus
(b) Address 619 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Dark Lawn cemetery
Location

18 (a) Funeral director Chas P. Jones
(b) Address 1417 Edmondson Ave
19 (a) 5-10-1948 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-48 19 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1948 to 5-7 1948, and that I last saw her alive on 5-7 1948

Immediate cause of death Generalized carcinomatosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Caunge
Address 6226 Everall Ave Date signed 5-7-48 M. D.

VS 150

663048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

663048
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits write RURAL and give town)
(d) Street No. 3008 That Place NE 3000 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL CHESTER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1931

8. AGE: Years 17 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Thomas H. Chester
13. Birthplace Balto Md

MOTHER 14. Maiden Name Carrie A. Miles
15. Birthplace Md

16 (a) Informant Mrs. H. Chester
(b) Address 3008 Ga Ave N.E. Wash DC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Washington D.C.

18 (a) Funeral director Albert G. Ellis
(b) Address 1731 Florida Ave N.W. D.C.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 5:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Contusion and laceration of brain.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: G.A.C.
(a) Date of injury 4-26-48 at 12:38 P.M.
(b) Where did injury occur? Central Ave. 4 Miles east of Davidsville, Md
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by truck

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 5/18/48

663049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157E

Registered No. 663049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL (JOHNS HOPKINS HOSP)
(d) Length of stay in hospital or institution:
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County
(c) City or town Ashland (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 144 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sue Ellen Roberts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-47

8. AGE: Years | Months: 5 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Ala (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Buford Roberts
13. Birthplace: Ala

MOTHER 14. Maiden Name: Norma Whatley
15. Birthplace: Ala

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/9/48 (month) (day) (year)

(c) Cemetery or crematory
Location: Ashland Alabama

18 (a) Funeral director: Ulhoa Funeral Home
(b) Address: 2008 Ellamont St

19 (a) MAY 10 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1948 to 5/9 1948 and that I last saw her alive on 5/9 1948

Immediate cause of death: Cerebral thrombosis — Duration: Life —

Due to: Polycythemia

Due to: Pulmonary Stenosis Congenital c Tetralogy of Fallot

Other Conditions

(Include pregnancy within three months of death)

Date of operation 5/8/48

Major findings of operation: Small patent a

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Sprague M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/9/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 N. Arlington Ave
(c) Hospital or institution: 16-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George L. Doney

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Madie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2 1867
8. AGE: Years 80 | Months 11 | Days 27 | If less than one day hr. min.
9. Birthplace St. Marys Co. Md (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Madie Doney
(b) Address 1013 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) [illegible] (b) [illegible]

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948 at 11.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/29 1947 to 5/7 1948 and that I last saw him alive on 5/6 1948.

Immediate cause of death: hypertensive cardiovascular disease — Duration: 2 yrs.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature RAYNER BROWNE, M. D.
Address 1500 EAST MADISON ST. BALTIMORE 5, MD.
Date signed 5-8-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 13 a

Registered No. 663051

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 McCulloh
(c) Hospital or institution: 14-3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 McCulloh (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Dixon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife William Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1879

8. AGE:	Years	Months	Days	If less than one day
69	67	2	22	hr. min.

9. Birthplace Columbia S. C.
(Town, county, and state)

10. Usual Occupation Housework at Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Walter Dixon
(b) Address 1933 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (month) (day) (year)
(c) Cemetery or crematory Calvaries Mem. Park
Location Balto Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Eutaw St. Balto

19 (a) MAY 10 1948 (Date received by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1948 to 5-8 1948 and that I last saw h[illegible] alive on 5-8 1948

Immediate cause of death Cardio Vascular Renal Disease — Duration 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M.D.
Address 354 Dolphin St. Balto Signed 5-8-48

V S 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 81a

Registered No. G63052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5562 Selma ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earle W. Oldershaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ardath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1906

8. AGE: Years: 42 | Months: 3 | Days: 17 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Kafkens Co

11. Industry or business

FATHER
12. Name Charles Oldershaw
13. Birthplace Penna.

MOTHER
14. Maiden Name Lillian Walmut
15. Birthplace Penna.

16 (a) Informant F S Dubbs + Harter Phone 66
(b) Address Nanticoke, Luzerne Co, Pa

17 (a) Removal (b) Date thereof 5/10/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Dennison
Location Forty Fort, Luzerne Co. Pa.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 10 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1948, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1948 to May 9, 1948 and that I last saw h[illegible] alive on May 9, 1948.

Immediate cause of death	Duration
Meningo-encephalitis, st.	
Due to	
Due to	
Other Conditions Pulmonary atelectasis bilateral	

(Include pregnancy within 3 months of death)

Date of operation May 9, 1948

Major findings of operation:

of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter J. Bernard M.D.
Address St Agnes Hosp. Date signed 5/11/48

VS 159

663053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

Registered No. 663053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st and Wyman Pk. Drive
(c) Hospital or institution: U. S. Marine Hospital 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Park Ave., Balto (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Daniel Fitzgerald

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No.: ?

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Mar

6 (b) Name of husband or wife: Elsie Sheetenhelm
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Aug. 28, 1886

8. AGE: Years 61 | Months 8 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Edward Fitzgerald
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Lilly Robinsnn
15. Birthplace: Balto., Md.

16 (a) Informant: Records
(b) Address: U. S. Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address 1217 St Paul St

19 (a) MAY 10 1948 (Date rec'd by registrar) (b) Huntington Williams, Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1948 to May 9, 1948 and that I last saw him alive on May 9, 1948.

	Duration
Immediate cause of death: Adenocarcinoma of stomach with metastases to lungs, liver, peritoneum and xxx lymph nodes	9 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C Rodger
Address Marine Hospital Date signed 5/9/48

VS 150

G63054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave.
(c) Hospital or institution: Maryland General Hospital 9-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Homestead St #8
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Wehrheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married, widowed, or divorced.~~ Widowed

6 (b) Name of ~~husband or~~ wife Hattie Wehrheim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1872

8. AGE: Years 75 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Dispatcher

11. Industry or business Balto. Transit Co.

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Gladys Allender

(b) Address 1316 Homestead St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/12/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) MAY 10 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 May 1948, at 4:20 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 23 Apl 1948 to 8 May 1948, and that I last saw him alive on 8 May 1948.

Immediate cause of death	Duration
Hypostatic pneumonia	2 wks
Due to Cerebral hemorrhage	3 wks
Due to Hypertensive Cardio-vascular disease	10 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Allan Rees

Address Md. Gen. Hosp. Date signed 8 May 48

X

G63055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 56E

G63055 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18-3
(c) Hospital or institution: Saint Barts Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE J. REICHERT

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 10 1893
8. AGE: Years: 54 Months: 10 Days: 28 If less than one day: hr. min.
9. Birthplace: Md (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Henry Hommer
13. Birthplace: Md

MOTHER
14. Maiden Name: Ida Green
15. Birthplace: Md

16 (a) Informant: Mary J. Knott
(b) Address: 111 S. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17-1948 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk
Location: Balto City

18 (a) Funeral director: Pratt & B. M. Watson
(b) Address: Pratt & Fulton Sts

19 (a) (Date received by Registrar) MAY 18 1948 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1948, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1948 to 5/18 1948 and that I last saw h-- alive on 5/18 1948.

	Duration
Immediate cause of death: Pulmonary embolism	Immed.
Due to: Anterior mediastinal tumor	1 mo.+
Due to:	
Other Conditions:	over

(Include pregnancy within 3 months of death)
Date of operation 5/7/48
Major findings of operation: Anterior mediastinal tumor
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Glenn O. Summerlin M. D.
Address: 1213 Light St. Date signed 5/18/48

VS 150

663056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663056

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1541 Division St.
(c) Hospital or institution: 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Luckett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1871

8. AGE: Years	Months	Days	If less than one day
76	9	24	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Luckett
13. Birthplace Md.

MOTHER
14. Maiden Name ? Chase
15. Birthplace Md.

16 (a) Informant Mr. George Luckett
(b) Address 1541 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

MAY 10 1948 (Date rec'd by registrar) (By) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to May 7 1948
and that I last saw h alive on 19
Immediate cause of death Cardio Renal Disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Gerber M.D.
Address 2329 Gwynns Date signed May 9 1948

X

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

063057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 063057

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 Oakdale Rd
(c) ~~Hospital or institution:~~ Roland Park
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., moe., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W Oakdale Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Alice Bartlett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	widowed

6 (b) Name of husband or wife Edw L. Bartlett Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1878

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Samuel C Mason
13. Birthplace Balto Md

MOTHER 14. Maiden Name Alice Rebecca Campbell
15. Birthplace Balto Md

16 (a) Informant E Mason Bartlett
(b) Address 1001 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1948 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W Jenkins & Son
(b) Address McCulloh & Oakdale Sts

19 (a) MAY 10 1948 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to May 6 1948 and that I last saw h[illegible] alive on May 5 1948

Immediate cause of death	Duration
Myocardial Infarction	months
Due to Coronary Thrombosis	7
Due to Arteriosclerotic Cardio-vascular disease	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Cardenas M. D.
Address 2217 Smithwood Date signed 5/10/48

X

663058 Wd of 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. 663058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Chase St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Helen M Hundley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dr J Mason Hundley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860 Dec 12

8. AGE: Years 87 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name James Sweet
13. Birthplace Md

MOTHER — 14. Maiden Name Helen Matchett
15. Birthplace R.I.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto, Md

18 (a) Funeral director Henry W Jenkins Undertaking Co
(b) Address McCulloh & Orchard Sts

19 (a) MAY 10 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1948, at 3:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-1948 to 5-8-1948, and that I last saw her alive on 5-8-1948.

Immediate cause of death: Bronchial asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion B Day M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-8-48

VS 150

X

663059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94a

Registered No. 663059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, TYPE correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 7-1
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Kosina

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Bohumil Kosina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1886

8. AGE: Years	Months	Days	If less than one day
62	4	1	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Ceink Mokosin
13. Birthplace Czechoslovakia

MOTHER 14. Maiden Name Katie Vokal
15. Birthplace Czechoslovakia

16 (a) Informant Mr. Bohumil Kosina - husband
(b) Address 718 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 MAY 10 1948 (Date rec'd by registrar) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1948 to 5/7 1948, and that I last saw her alive on 5/6 1948.

Immediate cause of death Pulmonary Embolus — Duration 20 minutes
Due to
Due to
Other Conditions Coronary Insufficiency — 7 months
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: 5/7/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred H. Mann M.D.
Address Maryland Gen'l Hosp. Date signed 5/7/48

111a

663060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

663060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 6-4
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 North Ann St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Karwacki

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-22-6469

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1902

8. AGE: Years 46 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Ironing

11. Industry or business Etna Shirt Co

FATHER 12. Name Vincent Rychwalski

13. Birthplace Poland

MOTHER 14. Maiden Name Mary Chmiel

15. Birthplace Poland

16 (a) Informant Lillian Karwacki

(b) Address 3 N Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 11 48 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Dundalk Ave

18 (a) Funeral director Dippel Bros.

(b) Address 1100 E. Lombard St

19 (a) MAY 10 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-1948 at 9:15 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH acute [redacted] cardiac failure, acute pulmonary edema

Due to chronic disease of the gallbladder with stones

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard A. Mellenis M.D. Medical Examiner.

Date signed 5-8-48

663061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 309

Registered No. 663061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 3-✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815½ Pratt St #2
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Nathaniel Cole.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1916

8. AGE: Years	Months	Days	If less than one day
31	5	2	hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Cole
13. Birthplace West Virginia

MOTHER
14. Maiden Name Mary Anna Fields
15. Birthplace West Virginia

16 (a) Informant David Meeker
(b) Address 815½ E Pratt St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 10 48 (month) (day) (year)
(c) Cemetery or crematory
Location Duffield West Va.

18 (a) Funeral director Mrs Pitt A. Elliott Dpt
(b) Address 1129 N. Eutaw St

19 (a) MAY 10 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1948, at 8 38 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1948, to May 6 1948, and that I last saw him alive on April 6 1948.

Immediate cause of death	Duration
a Chronic Nephritis	2 mo
Due to	
Due to	
Other Conditions Acute gingival dermatitis following Antiluetic therapy (Include pregnancy within 3 months of death)	2 mo

Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Otis Montgomery M.D. M. D.
Address Mercy Hospital Date signed 5-6-48

VS 150

131a

663062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. 663062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 26-11
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3332 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Helminiak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Joseph Helminiak (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jan Kocent

13. Birthplace Poland

MOTHER 14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant Sylvester Helminiak

(b) Address 3332 Hudson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1948 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Dundalk ave

18 (a) Funeral director John J Duda

(b) Address 2829 Hudson st

19 (a) MAY 10 1948 (b) Huntingtown Maryland Registrar

MEDICAL CERTIFICATION 6 35

20. DATE OF DEATH 5-7 1948 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1948 to 5-7 1948, and that I last saw h[illegible] alive on 5-7-48 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive arteriosclerotic cardiac failure	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. M. Carouge MD M. D.

Address 6226 Everall ave Date signed 5-7-48

VS 150

102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663063

GM. 110437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. 663063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
12 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Martha (Sep.)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5 - 1874

8. AGE: Years 73 | Months 9 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elias Snowden
13. Birthplace MD.

MOTHER
14. Maiden Name Georgeana Hall
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)

(c) Cemetery or crematory St. Lukes
Location Reisterstown, Md

18 (a) Funeral director Holland Funeral Home
(b) Address 1631 Edmondson Ave

19 MAY 10 1948 (b) Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 7 - 1948, at 12.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 5 - 1947 to 5 - 7 - 1948 and that I last saw him alive on 5 - 7 - 1948

Immediate cause of death: Heart failure — Duration: 3

Due to: Aortitis, ? Syphilitic

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Benford M. D.
Address Balt. City Hosp. Date signed 5-8-48.

X

663064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

Registered No. 663064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 N. Carey St.
(c) Hospital or institution: 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County,
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Johnson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife William H. Johnson.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1922

8. AGE: Years	Months	Days	If less than one day
25	11/10	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Horace Lee Posey.
13. Birthplace Cocoa, Florida

MOTHER
14. Maiden Name Annie Washington
15. Birthplace King-Queen Co. Va.

16 (a) Informant William H. Johnson.
(b) Address 324 N. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1948. (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAY 10 1948 (Date filed by registrar) (Signature of Registrar) Williams, Mrs.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1948, to 5/6 1948; and that I last saw alive on 19

Immediate cause of death

	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. B. Hatcher M.D.

Address 1703 N. Carey St. Date signed 5/7/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1663065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓95c

Registered No. 0653065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Carey Street
(c) Hospital or institution: 18-V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Carey Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linwood Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Dorothy G. Jones.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1918.

8. AGE: Years	Months	Days	If less than one day
29	9	21	hr.

9. Birthplace Warren County N.C.
(Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name	James Jones
13. Birthplace	Warren Co. N.C.
MOTHER 14. Maiden Name	Rebecca Durham.
15. Birthplace	Warren County N.C.

16 (a) Informant Dorothy Jones.
(b) Address 505 N. Carey St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof May 10, 1948 (month) (day) (year)

(c) Cemetery or crematory
Location Norlina, N. C.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 324 N. Schroeder St Huntington, W. Va.

19 MAY 10 1948 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 4:10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Coronary Occlusion Failure
Acute Pulmonary Edema
Hypertrophy & dilatation of heart

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 5-6-48

VS 151

63066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 63066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Dallas Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Long

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3156

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Organist.

11. Industry or business Symphony Orch

FATHER
12. Name Sandy Long.
13. Birthplace NC?

MOTHER
14. Maiden Name Rose ?
15. Birthplace NC

16 (a) Informant Lillie Mae Thomas
(b) Address 21 S. Dallas St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/11/48

(c) Cemetery or crematory Arbutus
Location Balto Co

18 (a) Funeral director Williams & Jackson
(b) Address 216 Penna Ave

19 MAY 10 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/48 19 8:46 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of stomach with multiple metastases to liver.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Deane, M.D. Medical Examiner.
Date signed 5/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. 663067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town and-Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #7 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George E. Rhoten Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hattie Viola Palmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1900

8. **AGE:** Years 47 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Carroll Co (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Dyson Rhoten
13. Birthplace Carroll Co

MOTHER
14. Maiden Name Frances Twentbaugh
15. Birthplace Carroll Co

16 (a) Informant George Rhoten Jr
(b) Address Fairfield Carroll Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 48 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Carroll Co

18 (a) Funeral director H Bankard - for
(b) Address 24 Stevenson Road

19 (MAY 10 1948) (Huntington Williams M.D.) (Registrar)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/48 19 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1948 to 5/9 1948, and that I last saw h[illegible] alive on 5/9 1948

Immediate cause of death Coronary Thrombosis — Duration

Pulmonary Embolism

Due to Coronary Thrombosis

Due to Pulmonary Embolism

Other Conditions Perforated Appendicitis

(Include pregnancy within 3 months of death)

Date of operation 5-6-48

Major findings of operation: Chronic Appendicitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Rhoten M. D.

Address University Hosp. Date signed 5/9/48

VS 153

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2686 Dulaney St.
(c) Hospital or institution: 20-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2686 Dulaney St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emory F. Boll

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-22-5823

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Atta C. Boll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1869

8. AGE: Years 79 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation B.& O. R. R.

11. Industry or business Retired

FATHER
12. Name Ambrose S. Boll
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Mary Cooper
15. Birthplace Baltimore County

16 (a) Informant Mrs A. Clara MacNeal
(b) Address 2686 Dulaney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard

19 MAY 10 1948 Washington Williams, M.D. Registrar
(Registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1948 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1948 to 5/7 1948, and that I last saw h alive on 19

Immediate cause of death: Dyslaplasia of heart — Duration

Due to: Coronary

Due to: Artery Res

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Chesney M. D.
Address 2225 Linden Ave Date signed

VS 150

463069 Friday 5/13/48

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95c

Registered No. 463069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 W. Monument St
(c) Hospital or institution: at Home 11-V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 W. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leona Klein (LEONA MAY KLEIN)

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-3-1912

8. AGE: Years 36 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Could not ascertain
13. Birthplace Could not ascertain

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace Could not ascertain

16 (a) Informant Mrs. Ellsworth Fallon Sister
(b) Address 180-E-79th-New York City

17 (a) BURIAL (b) Date thereof May-10-48 (month) (day) (year)
CREMATION, or removal)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Stewart Morgan Co.
(b) Address 108 W. Franklin St.

19 MAY 10 1948 Washington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-1948, at 7:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Pulmonary Edema

Due to Acute Dilatation of Heart

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 5-9-48

VS 151

X

over

663070

HEALTH DEPARTMENT—CITY OF BALTIMORE

663070

CERTIFICATE OF DEATH

1947a

1. PLACE OF DEATH Krauss Hotel 27 ✓

CITY OF BALTIMORE: (No. Eutaw & Camden St. ✓ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Lillie E. Perry.

If U. S. Veteran specify WAR .....

(a) Residence: No. Eutaw & Camden St. ✓ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): .....

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late William

6. DATE OF BIRTH (month, day, year): October 9, 1891

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	56	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morton Tuttle.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Crowe

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Anna L. Tuttle.
(Address) 2204 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/11/1948

19. UNDERTAKER John L. Crawford Son
(Address) 901-03 Gilmor St.

20. FILED MAY 10 1948 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 8 , 1948

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inspection find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Tony H. Kammer M. D.
Coroner
(Address) 501 Sheridan Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S e

663071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93E

663071 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613
(c) Hospital or institution: West Balto. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Sharon Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Leona Tonelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Aug F. Mueller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th 1884

8. AGE: Years: 64 yr. Months: - Days: 3 If less than one day: hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business: At home

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant: Mrs Katherine Goetze
(b) Address 2225 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1948 (month) (day) (year)
(c) Cemetery or crematory: Meadow Ridge
Location: Balto

18 (a) Funeral director: Uhland Funeral Home
(b) Address 2008 Orleans St

19 MAY 10 1948 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1948, at 6:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1948 to 5/8 1948 and that I last saw her alive on 5/8 1948

Immediate cause of death	Duration
Coronary failure	
Due to Generalized arteriosclerosis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hypertrophic cardiac hypertrophy Gen. arteriosclerosis, chronic hypertension

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Brown MD

Address W 06 4 Date signed 5/8/48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. 663072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13-3
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Madison ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-5858

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 7 1915

8. AGE: Years	Months	Days	If less than one day
32	9	0	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Delaney
15. Birthplace Va.

16 (a) Informant: Delaney Bayton
(b) Address 2324 Madison Ave

17 (a) Burial (b) Date thereof 5/12/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAY 10 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 5-7 1948 at 4 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Decomposing gas

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-7-48 at ? 13-3 M.
(b) Where did injury occur? 2324 Madison Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Burned in bed while ill

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 5/8/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4545 N. Gilmore St
(c) Hospital or institution: N.

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sunkett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Leona

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Sunkett, Sr

13. Birthplace Va

MOTHER 14. Maiden Name Margaret —

15. Birthplace Va.

16 (a) Informant Leona

(b) Address 1645 N. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Geo. H. Nelson

Address 303 Presstman

MAY 10 1948

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 12:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Wheeler M.D. Medical Examiner.

Date signed 5-8-48

VS 151

663074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

663074
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Eilert Street
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 King Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter J. McDonald

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-05-8120

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Virginia Hyde

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 2, 1891

8. AGE: Years 57 | Months SMT | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)

10. Usual Occupation Telegraph Operator

11. Industry or business B. & O. R.R.

FATHER
12. Name Angus D. McDonald
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Dawson
15. Birthplace W. Va.

16 (a) Informant Mrs. Virginia McDonald
(b) Address 1312 King Street Martinsburg W. Va.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-11-48 (month) (day) (year)
(c) Cemetery or crematory St. Josephs Ann
Location Martinsburg W. Va.

18 (a) Funeral director Geo. R. Bayer Jr.
(b) Address 512 Valley St. Martinsburg W. Va.

MAY 10 1948 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1948, at 11 35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: (Found) W. Va. 5-8-48 at 4-01 11 A. M.
(a) Date of injury 5-8-48 at
(b) Where did injury occur? (Found) Pier #4, Potomac Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public (Water) While at work? ?
(d) Means of injury Found drowned

23. Signature Howard J. Madden, M.D. Medical Examiner.
Date signed 5/11/48

VS 151

63075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. 63075

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4416 MARBLE HALL ROAD
(c) Hospital or institution: 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.
(e) Length of stay in Baltimore (yrs., mos., or days) 7YRS. 4 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4416 MARBLE HALL RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME SOPHIE LOUISE ROSSENBERG

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: ?

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: MAXIMILIAN L. ROSSENBERG DECEASED

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAY 5, 1888

8. AGE: Years 60 | Months — | Days 4 | If less than one day: hr. min.

9. Birthplace: NEW YORK CITY (Town, county, and state)

10. Usual Occupation: CLERK - RED CROSS

11. Industry or business: —

FATHER
12. Name: GEORGE EISENBERG
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: EMMA GRAU
15. Birthplace: GERMANY

16 (a) Informant: MRS RUTH BROCK (DAUGHTER)
(b) Address: 4416 MARBLE HALL RD.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: MAY 10, 1948 (month) (day) (year)
(c) Cemetery or crematory: WOODLAWN
Location: NEW YORK

18 (a) Funeral director: WM. J. TIZZARD & SONS
(b) Address:

19 MAY 10 1948 (Date rec'd by registrar) (By)

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 9, 1948, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 9, 1948 to MAY 9, 1948, and that I last saw HER alive on MAY 9, 1948

Immediate cause of death: RUPTURE OF DISSECTING ANEURYSM - ABDOMINAL AORTA. — Duration: 1 DAY

Due to: ARTERIOSCLEROSIS

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Charles Karpas M.D.
Address: 42 30 40th St. L.I.C. N.Y. Date signed: 5/9/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Register No. 663076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 27-20
(b) Street address
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Harrington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] IRVIN T. France

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-20-3527

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	M

6 (b) Name of husband or wife: Winford V. France

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/1904

8. AGE: Years	Months	Days	If less than one day
43	5	29	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Self

FATHER
12. Name: Samuel France
13. Birthplace: Md.

MOTHER
14. Maiden Name: Bertha Hook
15. Birthplace: Md.

16 (a) Informant: Mrs Winford V. France
(b) Address: 3307 Harrington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month, day, year)
(c) Cemetery or crematory: Mokeland Mem
Location: Balto Co., Md.

18 (a) Funeral director: Wm. T. Ilchner
(b) Address: Balto, Md.

MAY 10 1948 (Date rec'd by registrar) (b) Hunting Ave Williamsport Md

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Myocardial degeneration, with acute congestive cardiac failure.

Due to: Fatty degeneration of liver, with early cirrhosis.

Other Conditions: Post-traumatic amputation of right leg. 2/22/48 (Include pregnancy within 3 months of death) over

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 2-22-48 at ? P.M.
(b) Where did injury occur? Negro Drive, Pennsylvania on Lincoln Highway
(c) Did injury occur at home, on farm, industrial place, or public place? Public While at work? No
Means of injury: struck by auto while repairing tire on side of road

23. Signature: George L. Merrill M.D. Medical Examiner.
Date signed 5-1-48

G63077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63077

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 S Clinton st
(c) Hospital or institution: 26-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Gephardt

3 (b) If veteran, name war: C
3 (c) Social Security Account No.: C

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margreth Gephardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11. 1865

8. AGE: Years 82. Months 4. Days 28. If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Christopher Gephardt
13. Birthplace Germany

MOTHER 14. Maiden Name Theresa M. Elwood.
15. Birthplace Baltimore

16 (a) Informant Margreth Gephardt
(b) Address 1329 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10. 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Odonnell St

18 (a) Funeral director Dendel & Keppel
(b) Address 312 S. Highland Ave

19 (a) Date received by registrar MAY 10 1948 (b) Registrar Huntington Williams

VS 193

MEDICAL CERTIFICATION A

20. DATE OF DEATH 5-8 1948 at 9.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 5-8 1948 and that I last saw h/ alive on Feb 1 1948

Immediate cause of death Chr Myocarditis — Duration yrs?

Due to Sudden Heart Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury N. J. Davidov

23. Signature N. J. Davidov M. D.
Address 318 Eastern Ave Date signed 5-10-48

N. J. DAVIDOV, M.D.

G63078

G63078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157E

G65921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 151
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1609 - Booker Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert HARRY Woods Wood.

3 (b) If veteran, name war: 0

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) dec. 23 1946

8. AGE: Years 1 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and State)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name John Wm. Woods
13. Birthplace Va.

MOTHER
14. Maiden Name Inez E. Woods
15. Birthplace Md.

16 (a) Informant John W. Woods
(b) Address Lively P.O. Lawrenceville

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/10/48 (month) (day) (year)
(c) Cemetery or crematory Washington, Va.
Location

18 (a) Funeral director A. Halstead
(b) Address 918 - Druid Hill ave.

(a) (Date rec'd by registrar) (b) Washington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/48 19 , at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/48 19 , to 5/5/48 19 , and that I last saw h[illegible] alive on 5/5/48 19 .

Immediate cause of death Atelectasis — Duration

Due to Thoracic Surgery

Due to Congenital Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/5/48

Major findings of operation: Pulmonary Stenosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank E. Glenn M.D.
Address University Hosp. Date signed 5/5/48

X

G63079 BALTIMORE CITY HEALTH DEPARTMENT G68049
CERTIFICATE OF DEATH 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 20-2
(a) Baltimore City, Maryland
(b) Street address Sorrento Ave.
(c) Hospital or institution Colonial Consal. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a). FULL NAME Anna Pschewrocki

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Vincent
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 2-10-1878

8. AGE: Years 70 | Months 2 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name Joseph Renesch
13. Birthplace Hungary

MOTHER
14. Maiden Name Anna Schwanrich
15. Birthplace Hungary

16 (a) Informant FRANK Renesch
(b) Address 2234 Booth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 10-48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director F.B. Wippert & Son
(b) Address 1300 Eutaw Place

MAY 10 1948 (Date received) (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948 at 12³⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1947 to 5-7 1948, and that I last saw h[er] alive on 5-7 1948.

Immediate cause of death: Acute Heart Failure
Due to: Pulmonary oedema
Due to: Hypertensive Cardio-Vascular Renal disease
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 24 hr. | 15 hr. | unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Feaney M.D.
Address 3025 Belair Rd Date signed 5-8-48

VS 150

3025 Belair Rd X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G63080

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Yolanda Ave
(c) Hospital or institution: G.3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Yolanda (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Alvin Hughes
3 (b) If veteran, name war
3 (c) Social Security Account No. 192-20-1763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lula C.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 12-2-1883

8. AGE: Years 64 | Months 5 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation
11. Industry or business Woodcrafter lumber

FATHER
12. Name William Hughes
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucie
15. Birthplace Virginia

16 (a) Informant Mrs. Lula C. Hughes
(b) Address 3702 Yolanda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY-10-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn - Md

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 MAY 10 1948 (Date received by local registrar) (b) [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1948, at 7:30 (a) M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1947 to 7 May 1948.
and that I last saw h[redacted] alive on 7 May 1948.

Immediate cause of death	Duration
(a) Coronary thrombosis	6 hrs
Due to (b) Myocarditis	6 yrs
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted]
Address 3534 Ellerslie Date signed 5/8/48

3530

663081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 567

Registered No. 663081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849 Mayfield Ave
(c) Hospital or institution: 8-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Mayfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Zimmerer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth
6 (c) If living, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 6 1875

8. AGE: Years 72 | Months 5 | Days 2 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth Zimmerer
(b) Address 2849 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jas J Stevenson
(b) Address 3061 Kentucky Ave

19 (a) MAY 10 1948 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1948 to May 8 1948, and that I last saw h alive on 5-8- 1948

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 2
Due to: Paraplegia due to Adenocarcinoma of Spinal Cord — 20 yrs
Due to: — over
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith M. D.
Address 1223 E. North Date signed 5-10-48

X

G63082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G63082

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave 27-1
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) about 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Berkshire Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edison J. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose M. Wroth

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15, 1890

8. AGE: Years 57 | Months 10 | Days 22 | If less than one day — hr. — min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Guard

11. Industry or business Md Jockey Club

FATHER
12. Name Edison J. Brown
13. Birthplace Va Mo.

MOTHER
14. Maiden Name Ethel Sunderman
15. Birthplace ~~Tuscarora~~ Pa.

16 (a) Informant Mrs Rose M. Brown
(b) Address 3205 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 705 N. Calvert Ste.

19 (a) MAY 10 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1948, at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1948, to 5/7 1948, and that I last saw him alive on 5/7 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to	
Due to Carcinoma of prostate + generalized metastases	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Ca of Prostate
of autopsy: Ca + metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. A. Langley, M.D.
Address St. Agnes Hosp Date signed 5-8-48

VS 153

X

663083
45-3-029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 153

Registered No. 663083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Meridian Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle Radoff
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Leo Radoff
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 7-26-1900

8. AGE: Years	Months	Days	If less than one day
47	9	15	hr. min.

9. Birthplace Wisc (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Max Jasculca
13. Birthplace Poland

MOTHER
14. Maiden Name Jennie Frank
15. Birthplace Germany

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory
Location Miami Florida
18 (a) Funeral director Jack Lewis Inc
(b) Address 240 Lincoln Road
19 (a) MAY 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May-10 1948, at 5-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21- 1948 to 5-10- 1948, and that I last saw her alive on 5-10- 1948.

Immediate cause of death	Duration
Disseminated lupus erythematosus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice B Day M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-10-48

LINKER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G63084 Registered No. G63084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 S. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry K. Linker

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 19 1900

8. AGE: Years	Months	Days	If less than one day
48	1	20	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Locomotive Insp
11. Industry or business B & O RR

FATHER
12. Name John Linker
13. Birthplace Germany

MOTHER
14. Maiden Name Lena
15. Birthplace

16 (a) Informant Mrs. Anna A. Linker
(b) Address 340 S. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) MAY 10 1948 (Date received by registrar) (b) Huntington Williams M.D.

VS-153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/48 19 , at 1:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/48 19 to 5/9/48 19 ; and that I last saw h[illegible] alive on 5/9/48 19 .

Immediate cause of death	Duration
Respiratory failure	
Due to Embolism - E.M.D.O. & S.M.	
Due to coronary thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rowe Jr
Address Univ. Hosp. Date signed M. 5 D. 7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63085

AB-69598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G63085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5- 1905

8. AGE: Years	Months	Days	If less than one day
42	5	4	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Branch Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary J. Bonner
15. Birthplace Va.

16 (a) Informant Records-Baltimore City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Co.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.

MAY 10 1948
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9- 1948, at 3.10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27- 1941, to 5-9- 1948, and that I last saw him alive on 5-9- 1948.

Immediate cause of death	Duration
Pulmonary Tuberculosis	7 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. T. Benford M. D.
Address Balt. City Hosp. Date signed 5-9-48

VS 199

G63086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G63086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph Hospital 9-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 E. 22d St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HAYDEN, Mrs. Mary Milnor HAYDEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 3/25/62

8. AGE: Years 86 | Months 1 | Days 14 | If less than one day: 1 hr. 50 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER: 12. Name

13. Birthplace

MOTHER: 14. Maiden Name

15. Birthplace

16 (a) Informant Hosp. Records

(b) Address St. Josephs Hospital, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location City

18 (a) Funeral director Wiedefeld & Son

(b) Address Greenmount & 22nd

19 (Date rec'd by registrar) MAY 10 1948 (Signature) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 1:50 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/1 1948, to 5/10 1948, and that I last saw her alive on 5/10 1948.

Immediate cause of death BRONCHOPNEUMONIA — Duration

Due to SENILITY

Due to

Other Conditions GENERALIZED ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Houska M.D.

Address St. Jos. Hosp. Date signed 5/10/48

X

663087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered 663087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Edmund Howe Hosp
(c) Hospital or institution: 2603

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3044 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Anna B. Bechtold

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Charles W.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 73

8. AGE: Years	Months	Days	If less than one day
75	3	7	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business? —

FATHER
12. Name Walter
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs H. Wieghardt
(b) Address 3200 Hamblen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 48 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Cem
Location Linden Sta

18 (a) Funeral director L. Heckman & Son
(b) Address 6067 Harford Rd

19 (a) 5 11 1948 Huntington Williams, Md.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945 to May 8 1948 and that I last saw h— alive on May 7 1948.

Immediate cause of death	Duration
Chronic Myocardial dis	4 yrs
Due to Arterio sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eugene Zeller, M.D.
Address 2739 Eastern Ave Date signed 5/10/48

G63088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G63088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16-04

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 2, 1918

8. AGE: Years 30 | Months 3 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Timmonsville So Carolina (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: James Harrell
13. Birthplace: Timmonsville So Carolina

MOTHER
14. Maiden Name: Ines Thomas
15. Birthplace: Timmonsville So Carolina

16 (a) Informant: Charles Jones
(b) Address: 1018 N Appleton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14, 1948 (month) (day) (year)
(c) Cemetery or crematory: Western Star
Location: Catonsville Baltimore County

18 (a) Funeral director: Joseph A Lively
(b) Address: 661 West Lane Ave

MAY 11 1948 (Date rec'd by registrar) (By) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1948, at 7:30 a.m. P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Strangulation. Lacerations of Anus.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: Found 5-8-48 at 7:05 a.m.
(b) Where did injury occur? Alley, rear of 1005 N. Fulton Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Found in alley While at work? No
(d) Means of injury: Undetermined

23. Signature: George L. Merrill M.D. Medical Examiner.
Date signed: 5/8/48

663089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663089

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 E. 42nd Street
(c) Hospital or institution: 13-08

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 E. 42nd Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Dora Virginia Robey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Dice Robey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4-1861

8. AGE: Years 87 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state) (Port Republic)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Lee
13. Birthplace Virginia

MOTHER 14. Maiden Name Martha Trout
15. Birthplace Virginia

16 (a) Informant Mrs. Thos. E. McElvany
(b) Address 1327 E. 42nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

(c) Date received MAY 1 1948 (Signature of registrar) Huntington Ave. Baltimore

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10- 1948, at 12-25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1945, to May 10 1948, and that I last saw him alive on May 9 1948.

Immediate cause of death
Arteriosclerosis
Cardiac decline

Due to

Due to Myocardial Insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Thomas M. Elvany M. D.
Address 3429 Chestnut Ave. Date signed May 10-48

G63090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G63090

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Jail 12-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3148 Remington Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Thomas Barnes

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife Ruth Barnes
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) May 9-1875
8. AGE: Years 73 Months — Days 1 If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name George D. Barnes
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruth Ann Luce
15. Birthplace Maryland

16 (a) Informant Harry D. Barnes
(b) Address 3148 Remington Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland
18 (a) Funeral director Burger Funeral Home
(b) Address 3631 Falls Road
MAY 11 1948 (Date rec'd by registrar) Registrar

VS 191

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 1948, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm H Kammerer Jr M.D. (Medical Examiner.)
Date signed 10 May, 1948

X

663091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1352 W 41st St
(c) Hospital or institution: 13-08
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 W. 41st St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Maude May Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife Charles H. Miller

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 26 1879

8. AGE: Years 68 | Months 8 | Days 14 | If less than one day — hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housf.

11. Industry or business —

FATHER
12. Name George W. Lewis
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Esther Neeley
15. Birthplace Balto, Md

16 (a) Informant Daughter Maria P. Rountree
(b) Address 1352 W. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Moriah Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 MAY 11 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948 to May 10 1948 and that I last saw h-er alive on May 9 1948

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to —

Due to —

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Abbott M. D.
Address 52 Gr. Hanford Rd Date signed May 10 1948

X

VS 150

G63092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G63092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Dulgrave Avenue
(c) Hospital or institution: 27-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Dulgrave Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Eudora K. Stoffenden

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Stoffenden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 5. 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	2	4		

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name George Henry Palmer
13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah E. Freeland
15 Birthplace Maryland

16 (a) Informant James I. Stoffenden
(b) Address 1613 Dulgrave Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 MAY 11 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9- 1948, at 4-20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948, to May 9 1948, and that I last saw her alive on May 9 1948.

Immediate cause of death	Duration
Congestive Heart Failure	3 days
Due to Mitral insufficiency Long Standing	
Due to	
Other Conditions Physicians for 2 mo. Extraction	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman C. Stanton, M.D.
Address 2601 Wakefield Ave Date signed 5/10/48

VS 159

G63093

G63093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Hickory Avenue
(c) Hospital or institution: 13-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Hickory Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar Milton Ruff

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-1778

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie Virginia Ruff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17-1870

8. AGE: Years 77 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county and state)

10. Usual Occupation Book-keeper

11. Industry or business

FATHER
12. Name Frederick Ruff
13. Birthplace Maryland

MOTHER
14. Maiden Name Olivia Cooper
15. Birthplace Unknown

16 (a) Informant H. Carl Ruff
(b) Address 4114 Seldon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1948 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

MAY 11 1948 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9- 1948, at 6.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1948 to May 9 1948, and that I last saw h[illegible] alive on May 8, 1948.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Arteriosclerotic C-V. Dis.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Glassman M. D.
Address 4037 Falls Rd. Date signed 5/9/48

663094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663094

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Chestnut Avenue
(c) Hospital or institution: 13 07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Chestnut Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Edgar Lovell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10-1876

8. AGE: Years 71 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (town, county, and state)

10. Usual Occupation Never Employed
11. Industry or business Blind since child

FATHER
12. Name James E. Lovell
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Keefer
15. Birthplace Maryland

16 (a) Informant Jesse P. Lovell
(b) Address 3607 Chestnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Marys (Pamphrey)
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) MAY 11 1948 (Registered by Registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8- 1948, at 10:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1948 to May 8 1948 and that I last saw h[illegible] alive on May 6 1948

Immediate cause of death Congestive Heart Failure — Duration

Due to Chr. Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Harman M. D.
Address 403 Tollsfield Date signed 5/8/48

X

G63095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G63095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 W. Lafayette Ave
(c) Hospital or institution: 16-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) ABOVE ADDRESS 23 YRS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME HAZELTINE FRANK FISCHER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-05-6745

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FRANCINA G. FISCHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 29, 1899

8. AGE: Years 48 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation ASS'T. TREAS.
11. Industry or business FIDELITY & GUARANTY INS CO

FATHER
12. Name GEO. J. FISCHER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name AGNES PAHR
15 Birthplace GERMANY

16 (a) Informant MRS. FRANCINA FISCHER
(b) Address 2427 W. LAFAYETTE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)
(c) Cemetery or crematory RUID RIDGE
Location PIKESVILLE MD.

18 (a) Funeral director Wm. T. LICHNER & SONS
(b) Address BALTO MD

1948 MAY 11 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1948, at 6 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1947 to 5/9 1948.
and that I last saw him alive on 5/9 1948.

Immediate cause of death: Cardiac Asthenia (ASTHENIA)
Due to: carcinoma of Lungs
Due to: carcinoma of Cervical Glands
Other conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

	Duration
	2 hr.
	6 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Coons M. D.
Address 1202 St Paul St Date signed 5/10/48

VS 150

G63096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1246

G63096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lyndon Ave + Madison St
(c) Hospital or institution: Maryland General Hosp. 9 ward
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Ralworth Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Henry Thompson

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 215-03-8505

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth B. Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1893

8. AGE: Years 55 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Foreman
11. Industry or business Greenfield Electric Co.

MOTHER / FATHER
12. Name William E Thompson
13. Birthplace Baltimore
14. Maiden Name Magdalena Goetz
15. Birthplace Germany

16 (a) Informant Mrs. Ruth B. Thompson
(b) Address 1525 Ralworth Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md

18 (a) Funeral director Wm J. Tucker & Son
(b) Address Balto Md.

MAY 11 1948 Huntington Williams, M.D. (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 10 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1948 to May 10 1948, and that I last saw him alive on May 10 1948.

Immediate cause of death intra-& retro peritoneal hemorrhage

Due to Portal cirrhosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury O. JONES HUNT

23. Signature O. Jones Hunt M. D.
Address Md Gen Hosp Date signed 5-10/48

X

G63097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G63097

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 W. FAIRMOUNT Ave
(c) Hospital or institution: 20-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 W. FAIRMOUNT Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME GEORGE Z. VEASEL

3 (b) If veteran, name war WO | 3 (c) Social Security Account No. NO

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife MARY C. VEASEL (If married, widowed, or divorced) (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1882

8. AGE: Years 65 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace BALTO MD. (Town, county, and state)

10. Usual Occupation ICE ROUTE

11. Industry or business SELF

FATHER 12. Name GEO. W. VEASEL

13. Birthplace MD.

MOTHER 14. Maiden Name EMMA STALL

15. Birthplace ILL.

16 (a) Informant MR ORVILLE VEASEL

(b) Address 2342 W. LEXINGTON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month) (day) (year)

(c) Cemetery or crematory LOUDON PK.

Location BALTO. MD.

18 (a) Funeral director WM. T. TICKNER & SON

(b) Address BALTO, MD.

19 MAY 11 1948 (b) Registrar for Williams Mortuary (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/1948, at 12 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 5/8 1948 and that I last saw h[illegible] alive on 5/8 1948.

Immediate cause of death CORONARY THROMBOSIS — Duration 14 days.

Due to ARTERIO SCLEROSIS — ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Daniel E. Logsdon Jr. M.D.

Address 605 W. Baltimore Date signed 5/10/48.

X

VS 150

663098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

Registered No. 663098

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Ave.
(c) Hospital or institution:
Prouts Nursing Home 12-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Josephine Collenberg

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Dr. John H. Collenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1861

8. AGE: Years 86 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Joseph Hodges
13. Birthplace Anne Arundel Co., Md.

MOTHER
14. Maiden Name Ann Hunt
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Ethel L. Collenberg
(b) Address 3101 Guilford Ave.

17 (a) Burial (b) Date thereof 5/13/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Lorraine
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place

MAY (a) 11 1948 Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1948, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1947 to May 10 1948, and that I last saw h. er alive on May 10 1948.

Immediate cause of death	Duration
Carcinoma of breast	16 mos.
Generalized metastasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry T. Collenberg M. D.
Address 2 W. Read St. Date signed 5-11-48

Dr Collenberg X

C663099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C663099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 W. West
(c) Hospital or institution: 23-61
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wheatley

3 (b) If veteran, name war: WW1
3 (c) Social Security Account No.
4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 3, 1890
8. AGE: Years 58 57 Months 2 Days 6 If less than one day hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation L
11. Industry or business

MOTHER / FATHER
12. Name Jeffrs Wheatley
13. Birthplace Md
14. Maiden Name Celia ?
15. Birthplace Md

16 (a) Informant Fannie Wheatley
(b) Address 101 W West St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City
18 (a) Funeral director Earle L Brown & Son
(b) Address 108 W Montgomery St
19 (a) MAY 12 1948 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 9 1948, at 3 30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5 8 1948 to 5 9 1948, and that I last saw him alive on 5 9 1948.
Immediate cause of death Cerebral apoplexy
Due to Hypertension
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature David Freedlin M.D.
Address 1111 Sec Date signed 5/10/48

663100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Division Street
(c) Hospital or institution: Provident Hospital 14 or
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert McCartney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie J. McCartney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1884

8. AGE: Years: 63 | Months: 10 | Days: 16 | If less than one day: hr. min.

9. Birthplace Willcox, Georgia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John McCartney.

13. Birthplace Fairmont, Virginia.

MOTHER 14. Maiden Name Martha McDuffy.

15. Birthplace Fairmont, Virginia

16 (a) Informant Mrs. Mamie McCartney.

(b) Address 1409 Argyle Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Schroeder St.

MAY (a) 11 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 5/8 1948

and that I last saw him alive on 5/8 1948.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardiovascular Disease

Due to

Other Conditions Arteriosclerotic Gangrene legs
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus W. Moore Sr

Address Provident Hospital Date signed 5/9/48 M.D.

X

G63101

Baltimore City
[redacted] DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 46E

Reg. Dist. No. .....

G63101

1. PLACE OF DEATH:

County 76-01

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address (Give death occurred)
5626 Greenkill Ave.

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County .....

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5626 Greenkill Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME George Fred Lee Turner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married.

6.(b) Name of husband or wife Minnie Turner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 19-1888

8. AGE: Years	Months	Days	If less than one day
60	0	20	..... hrs. ..... min.

9. Birthplace England
(City, county, and state)

10. Usual occupation Retired

11. Industry or business Electrg Silver Plater

FATHER 12. Name Thomas Turner

13. Birthplace England

MOTHER 14. Maiden name Elizabeth Parker

15. Birthplace England

16. Informant Mrs. Minnie Turner

Address 5626 Greenkill Ave.

17. Buried Date thereof 5/11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Moreland Park

Location Balto

18. Funeral director L. J. Luck

Address 5305 Harford Road.

MAY 11 1948
(Date rec'd by registrar)

19 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 48, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 19 46, to May 9 19 48 and that I last saw h[illegible] alive on May 5 19 48

Immediate cause of death	DURATION
Generalized Carcinomatosis	6 mos
Due to Carcinoma of the Colon	6 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE M D Zeller M. D. or other

Address Ridge Rd. Baltimore 6 Date signed May 10/48

md X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 E. Lexington St.
(c) Hospital or institution: 5-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 E. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Reid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Reid

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Greenville Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Polk
13. Birthplace Greensville Md

MOTHER
14. Maiden Name Hannah Wilson
15. Birthplace Greensville Md

16 (a) Informant Raymond Whitaker
(b) Address 14 Joy St Newark N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Blankty ave

19 (a) MAY 11 1948 (Date rec'd by registrar) (b) Huntington Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1948 to May 8 1948 and that I last saw h[illegible] alive on May 2 1948.

Immediate cause of death	Duration
Acute myocardial degeneration	
Due to Cardio vascular disease	3 yrs.
Due to Acute Congestion	4 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Burwell M.D. M. D.
Address 174 Cinquith St. Date signed 5-11-48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 663103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28-04
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Mallonhill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas W Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary M Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 16 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs M M Harris

(b) Address 237 Mallonhill Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)

(c) Cemetery or crematory Woodbridge Memorial

Location Dorsey Md

18 (a) Funeral director H. Hughes Colborn

(b) Address Elkridge City Md

19 MAY 11 1948 (Date received by Registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mecaskin M.D. Medical Examiner.

Date signed 5-19-48

VS 151

663104 Pohlman Mrs.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 663104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 N. Wolfe St.
(c) Hospital or institution: 8-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Wheeler.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1867

8. AGE: Years 81 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER 12. Name Nicholas Pohlman.
13. Birthplace Germany.

MOTHER 14. Maiden Name Annie Kasper.
15. Birthplace Germany.

16 (a) Informant Ann A. Pohlman.
(b) Address 1818 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Rd.

18 (a) Funeral director Edward Louden
(b) Address 2359 Wash. Blvd

19 (a) Filed May 12 1948 Huntington Williams, M.D. Registrar (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943 to May 10 1948, and that I last saw her alive on May 10 1948.

	Duration
Immediate cause of death: Chronic Myocardial Degeneration	5 yrs.
Due to	
Due to Arteriosclerosis	5 yrs.
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Schneider M. D.
Address 1101 N. Milton Ave Date signed 5-11-48

663105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 - 1891

8. AGE: Years 57 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Robert A Anderson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A. Day
15. Birthplace Baltimore

16 (a) Informant Mrs Rose Anderson
(b) Address 2013 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 12 48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) (Entered by Registrar) Huntington Williams, M.D. Registrar

MAY 11 1948

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1948, at 5 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive C V disease & Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Schmidt M.D. Medical Examiner.
Date signed 5/9/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 63106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20-0 N
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laurence (Lorenz) A. Dolle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva V. Byus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1886

8. AGE: Years 62 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Battalion Chief

11. Industry or business Balto. City F. D.

FATHER
12. Name John H. Dolle
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Agusta Becker
15. Birthplace Maryland

16 (a) Informant: Mrs. Eva V. Dolle
(b) Address 2308 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Harry A. Wiltze Sons
(b) Address 1101 Edmondson Ave

MAY 11 1948
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 2 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull
Intracranial Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9-41 at 5:30 P.M.
(b) Where did injury occur? 1600 Blk. McCulloh St.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? yes
(d) Means of injury Fell from ladder

23. Signature Howard J. Meseroux M.D. Medical Examiner.
Date signed 5-12-48

VS 151

63107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 663107 Registered No. 170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County PR. Geo.
(c) City or town Forrestville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grover BEAMER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8. 1929

8. AGE: Years 18 | Months 19 | Days 7 | If less than one day hr. min. 3

9. Birthplace Forest Hill Harford Co. Md (Town, county, and state)

10. Usual Occupation Farmer at Home

11. Industry or business

FATHER
12. Name Grover Beamer
13. Birthplace Floyd Co Va

MOTHER
14. Maiden Name Valla Epperley
15. Birthplace Va

16 (a) Informant Grover Beamer
(b) Address Forest Hill, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)
(c) Cemetery or crematory Jarrettsville
Location Jarrettsville, Md

18 (a) Funeral director Martin B. Kurtz
(b) Address Jarrettsville, Md

19 (a) MAY 11 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1948, at 8 45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection and Exam. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry.) by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia from extensive burns covering about 75% of body surface.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-10-48 at 10 P. M.
(b) Where did injury occur? Forrestville MD
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Clothes afire from backfire of auto.

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 5-11-48

X

(3) 663108 XV 663108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md or County Catonsville
(c) City or town Baltimore Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Harlem Lane Catonsville (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Florence M. Hess

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George E. Hess | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1868

8. AGE: Years 60 | Months 4 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER — 12. Name Edward Hardy HARVEY

FATHER — 13. Birthplace Balto. Md.

MOTHER — 14. Maiden Name Sara J. Colhoser

MOTHER — 15. Birthplace Balto. Md.

16 (a) Informant Mrs. George E. Hess

(b) Address 613 Harlem Lane Cat.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)

(c) Cemetery or crematory Louden Park Cem

Location Balto. Md.

18 (a) Funeral director Monroe Coop. Syfer

(b) Address 1600 W. North Ave

19 (a) MAY 11 1948 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 May 1948, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 May 1948 to 9 May 1948 and that I last saw h er alive on 9 May 1948.

	Duration
Immediate cause of death: Heart Failure	
Due to: Coronary Thrombosis Myocardial Infarction	
Due to: Hypertension C-V Disease	
Other Conditions: Arthritis, Diabetes	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Hewill M.D. M. D.

Address St Agnes Hospital Date signed 9 May 48

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1241 Ramsay St
(c) Hospital or institution: J.H.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Ramsay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Dora E Lawman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19-1865

8. AGE: Years 62 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Philip Rahler
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Keltner
15. Birthplace Howard Co

16 (a) Informant John Lawman
(b) Address 474 Buckeye St

17 (a) Burial (b) Date thereof 5/12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Run
Location

18 (a) Funeral director Chas E Powell
(b) Address 2427 Edmondson Ave

19 MAY 11 1948 Washington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1948, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1948 to May 10 1948, and that I last saw her alive on May 8 1948.

Immediate cause of death Diabetis Mellitus — Duration 4 yrs

Due to

Due to

Other Conditions Diabetis gangrene 6 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert H Carter M.D.
Address 430 Walker Ave Date signed 5/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G63110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G63110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6204 Sycamore Rd.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Nansemond Suffolk-
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Cherry Johnson

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Sidney S. Johnson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar-17-1882

8. AGE: Years 66 | Months 1 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Isham Cherry

13. Birthplace North Carolina

MOTHER 14. Maiden Name Lydia Cummings

15. Birthplace North Carolina

16 (a) Informant Wm. Nelson M. Johnson

(b) Address 6204 Sycamore Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Suffolk-Va.

18 (a) Funeral director Edwards Mortuary Co.

(b) Address 108 W Washington Ave.

19 (a) MAY 11 1948 (Date rec'd by registrar) (b) Funeral director Williams, Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to May 11 1948, and that I last saw him alive on May 10 1948.

	Duration
Immediate cause of death: Asthmatic Coma	15 m.
Due to: Coronary Sclerosis	1 yr.
Due to:	
Other Conditions Gen. Cardiac Debility	1948

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar A. Bixby M. D.

Address 503 Sheridan Ave. Date signed May 11-48

663111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

663111 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 E. Fort Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Baker

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 6, 1880

8. AGE: Years	Months	Days	If less than one day
68 ##	3	4	######## hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Ruben Baker
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Susan Mullen
15. Birthplace Frederick

16 (a) Informant: Mrs. Mary Baker (Sister-in-law
(b) Address 1242 Battery Avenue, Balto: Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road, Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue, Balto: Md.

19 (MAY 11 1948) (Huntington Williams M.D.)
(Registrar) Resident

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1948 at 4 15 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to hanging

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-10-48 at M.
(Accident, suicide or homicide) occur? 132 E Fort Avenue
(Specify whether)
(c) Did injury occur at home, on farm, industrial place, in public place? Home (Private home) While at work? yes
(d) Means of injury Hanged self — Rope around neck tied to banister

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-11-48

VS 181

63112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. 63112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Harbor
(a) Baltimore City, Maryland
(b) Street address Foot of Wolfe St
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town San Antonio
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert BAKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50? Months Days If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location PUBLIC CEMETERY MAY 6 1948

18 (a) Funeral director Commissioner of Health

(b) Address

MAY 11 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1948 at 12 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Fractured skull
Fractured ribs
Due to Fractured pelvis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Found 4-15-48 at 8 15 A. M. 2/3
(b) Where did injury occur? Found floating foot of Wolfe Street
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work?
(d) Means of injury Found floating in harbor

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 4/15/48

G63113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

G63113

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred CRAIG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, ~~widowed~~, or ~~divorced~~

6 (b) Name of husband or wife Kathryn Johnson

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 54 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Railroad Worker

11. Industry or business Railroad

FATHER
12. Name J. Marcanus Craig
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret E. Grant
15. Birthplace Pennsylvania

16 (a) Informant Alfred Craig
(b) Address Fawn Grove, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)
(c) Cemetery or crematory Zion
Location Fawn Grove Pa

18 (a) Funeral director H. Hayward Wetts
(b) Address Fawn Grove, Pa.

19 MAY 12 1948 (Date received by registrar) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 12:05 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Syphilitic aortitis.
Acute pulmonary edema.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 5/10/48

VS 151

G63114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balto. Gen. Hosp. 17-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE H GLEITSMANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife (Carroll Divorced)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1880

8. AGE: Years	Months	Days	If less than one day
67	9	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Frederich Otto Gleitsmann
13. Birthplace Schmieden Germany

MOTHER
14. Maiden Name Katherine Markoff
15. Birthplace Maryland

16 (a) Informant Carl O. Gleitsmann
(b) Address 918 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon 5/14/48
Location Baltimore

18 (a) Funeral director Wellyam Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAY 12 1948 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1948, at 1:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1948, to 5-11 1948, and that I last saw h-r alive on 5-11 1948.

Immediate cause of death Cerebral hemorrhage, left

Due to Hypertensive Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Birdsong M.D. M. D.
Address W. B. & G. H. Date signed 5-11-48

VS 150

X

663115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1937 E. 31st St D.O.A.
(c) Hospital or institution: 9-06

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 E. 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Knauer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age: 1883 years

7. Birth date of deceased (mo., day, yr.): Feb 6 (1883)

8. AGE: Years: (65) | Months: 3 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county and state)

10. Usual Occupation: Grocer Merchant

11. Industry or business:

FATHER
12. Name: George Knauer
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Margaret Russell
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs Calvin George
(b) Address: 2 28 Wyond Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/13/48 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Wilson & Son
(b) Address: 1219 E Fond St

19 MAY 12 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 19 48, at 1 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Hypertensive C.V. disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature: C. P. Sarbaker M.D. Medical Examiner.
Date signed: 5/11/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C63116 ✓ C63116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3616 N. Rogers Ave.
(c) Hospital or institution: 28-61
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 N. Rogers Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Vincent

3 (b) If veteran, name war: U.S. Navy
3 (c) Social Security Account No. 212-14-1422

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine Vincent
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 26, 1880

8. AGE: Years 57 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frank Vincent
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Katherine Vincent
(b) Address 3616 N. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cem.
Location Baltimore, Md.

18 (a) Funeral director L. Willis Amoss
(b) Address 4510 Liberty Heights Ave.

19 (a) MAY 10 1948 (b) [illegible] Registrar
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 2.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1947, to May 9 1948, and that I last saw him alive on May 9, 1948.

Immediate cause of death: Intestinal obstruction — Duration: 4 days

Due to: Carcinoma of Sigmoid — 6-12 mo.

Due to:

Other Conditions: Cirrhosis liver — 4 mo.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Schlenger
Address 4600 Liberty Heights Ave Date signed 5/10/48

Leo Schlenger X

VS 150

63117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. 63117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2775 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2775 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah (Sallie) McClelland Fennemann

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frank T. Fennemann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1862

8. AGE: Years 85 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace: Wash. D. C. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Thomas Brown
13. Birthplace: England

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Son. Frank T. Fennemann
(b) Address: 2775 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Balto Co. Md

18 (a) Funeral director: Wm J. Tucker & Sons
(b) Address: Balto, Md

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to May 9 1948 and that I last saw her alive on May 9 1948

Immediate cause of death: Chronic Myocarditis — Duration: under

Due to: Arteriosclerosis — "

Due to: Senile Debility — "

Other conditions: Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: [illegible] M.D.
Address 112 W. 25th St. Date signed May 11 48

937

C63118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C63118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) yrs 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 Pulaski Highway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Clyde H. Drummond

3 (b) If veteran, name war.....
3 (c) Social Security Account No.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna Drummond
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4, 1902

8. AGE: Years	Months	Days	If less than one day
45	10	7	..... hr. ..... min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business

FATHER
12. Name Geo H. Drummond
13. Birthplace Georgia

MOTHER
14. Maiden Name Tessie Hester
15. Birthplace Ga

16 (a) Informant Anna G Drummond
(b) Address 3629 Pulaski

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 (month) (day) (year)
(c) Cemetery or crematory Pt Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Gilmor St

19 (a) MAY 13 1948 (Date received by registrar) (b) [illegible] (Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1948, at 1.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1948 to 5/11 1948, and that I last saw him alive on 5/11 1948.

Immediate cause of death	Duration
Uremia	1 week
Due to Chronic Nephritis	2 years
Due to	
Other Conditions Diabetes mellitus - Hypertension - Retinopathy Hydroureter, hydronephrosis & pyelonephritis abscess of kidney	? years

Operation Yes (Yes or No) (If yes, state whether within 8 months of death)
Date of operation .....
Major findings of operation: .....
Date of autopsy 5/11/48 Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....
23. Signature Alfred H. Dann M. D.
Address Maryland General Hosp. Date signed 5/11/48

131a

63119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 63119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 N. Broadway
(c) Hospital or institution: L&W

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr James W. Wohrna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary T. Wohrna
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 22 - 1873

8. AGE: Years	Months	Days	If less than one day
74	6	19	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Dentist

FATHER
12. Name Albert Wohrna
13. Birthplace Austria

MOTHER
14. Maiden Name Aloise Wohrna
15. Birthplace Austria

16 (a) Informant Mrs Mary Wohrna
(b) Address 414 N Broadway

17 (a) Burial (b) Date thereof May 14.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulbrich Funeral Home
(b) Address 2005 Orleans St

19 MAY 12 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1948 to May 11 1948 and that I last saw h alive on May 11 1948

Immediate cause of death	Duration
Pulmonary Embolism	1 day
Due to Myocarditis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature B V Kelly M. D.
Address 100 N Linwood Ave Date signed

663120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N Truman St
(c) Hospital or institution:
Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 S. Truman St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Firestone

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Mary E. Firestone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1878

8. AGE: Years 69 | Months 4 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Daniel K. Firestone
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Annie Smith
15. Birthplace Md.

16 (a) Informant Mrs. Anna Schantz-Laughter
(b) Address 3815 Beech Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2105 Orleans St

19 MAY 12 1948 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 11 1948, and that I last saw he alive on May 11 1948.

Immediate cause of death	Duration
Coronary Occlusion, Thrombosis	8 hrs.
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Schantz Jr. M. D.
Address Mercy Date signed 5-11-48

63121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

Registered No. G63121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital 7.0 ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 814 N. Eleven St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: EDWARD STUMPFEL

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Minnie Stumpfel
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 22 1895

8. AGE: Years: 52-63 Months: 4 Days: 17 If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business:

FATHER
12. Name: John Stumpfel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dont Know
15. Birthplace: Germany

16 (a) Informant: Mr Adolph Stumpfel
(b) Address: 512 N Linwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem
Location: City

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2005 Orleans

19 MAY 12 1948 (Date rec'd by registrar) Huntingtown, Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 May 1948 at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 May 1948 to 9 May 1948 and that I last saw h[illegible] alive on 9 May 1948.

Immediate cause of death	Duration
Aspiration of blood.	
Due to Ruptured oesophageal varices	
Due to Portal Cirrhosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Robert E Bauer M. D.
Address: University Hospital Date signed: 9 May 48

VS 150

X

663122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 948

Registered No. 663122

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3342 Lyndale
(c) Hospital or institution: 8 01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3342 Lyndale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felix Voss

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna Voss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1875

8. AGE: Years 73 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER 12. Name Felix Voss Sr

13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant James Voss

(b) Address 115 N Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 (month) (day) (year)

(c) Cemetery or crematory Pr. Ch. Lauds Cem

Location City

18 (a) Funeral director Wilson Funeral Home

(b) Address 2005 Pleasant St.

MAY 12 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1948 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21- 1944 to 5-11- 1948 and that I last saw him alive on 4-15- 1948

Immediate cause of death: Angina Pectoris — Duration 4 mos

Due to Generalised arterio-Sclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton C. Lacy M. D.

Address 2117 Belair Rd Date signed 5-12-48

VS 150

G63123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

Registered No. G63123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 E. Belvedere Ave.
(c) Hospital or institution: V.I.P.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. Belvedere Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary Anna Brunner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or ~~wife~~: George Brunner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1887

8. AGE: Years 60 | Months 6 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Vogel
15. Birthplace Germany

16 (a) Informant Mrs. Gertrude M. Furman - daughter
(b) Address 308 E. Belvedere Ave.

17 (a) Burial (b) Date thereof 5/13/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 5-12 1948 Huntington Williams, M.D.
(Signature of local registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1948 to May 10 1948; and that I last saw h alive on May 10 1948.

Immediate cause of death: Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions: Cystic sclerosis; hypostasis - hypo cardia
(Include pregnancy within months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature John A. Schimunek
Address 1337 S. Charles St Date signed 5/11/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

C63124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 163124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 704
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N. Rose St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Teresa Gaff

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or ~~wife~~ John J. Gaff.
6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) 10/13/1860

8. AGE: Years	Months	Days	If less than one day
87	6	27	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name ~~Wagner~~ Mary Volk
15. Birthplace Germany

16 (a) Informant Teresa Gilroy
(b) Address 712 N. Rose St.

17 (a) Burial (b) Date thereof 10/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 MAY 12 1948 (Huntington Williams, M.D.)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1948, at 11:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1948 to 5/10 1948, and that I last saw h~~er~~ alive on 5/10 1948.

Immediate cause of death	Duration
Generalized peritonitis	3-4 days
Due to strangulated femoral hernia	
Due to	
Other Conditions Carcinoma of breast & metastasis	

(Include pregnancy within 3 months of death)

Date of operation 10/4/48
Major findings of operation: Gangrene of small intestine
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry V. Chase M. D.
Address Mercy Hospital Date signed 5/10/48

G63125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W 7th Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lida Appel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife CHARLES H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept 6, 1874

8. AGE: Years	Months	Days	If less than one day
73	8	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Benjamin Wakeland
13. Birthplace Md

MOTHER 14. Maiden Name Sarah McVeay
15. Birthplace Md.

16 (a) Informant MRS IDA MC GREGOR
(b) Address 10 W SEVENTH AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location RITCHIE HIGHWAY

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST -30

19 MAY 12 1948 (Date rec'd by registrar) (By) Huntington Williams M.D. (Registrar)

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1948, to May 9 1948, and that I last saw her alive on May 8 1948.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Generalized edemonatous — Duration well

Due to — Duration

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. James Hunt M. D.
Address Md Gen Hosp Date signed 5-9-48

663126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severn Station Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. Donaldson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Donaldson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie Jeffer

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 2/2/1899

8. AGE: Years 49 | Months 3 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name David Donaldson
13. Birthplace MD.

MOTHER
14. Maiden Name Margaret E. Shilds
15. Birthplace MD.

16 (a) Informant Mrs. Paul Donaldson
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director John F. Denny Inc
(b) Address 711 Light St.

19 MAY 12 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1948, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 5/8 1948, and that I last saw h. alive on 5/8 1948

Immediate cause of death: Massive GI Hemorrhage — Duration: 11 days

Due to: Chr Lymphatic Leukemia
Acute Exacerbation

Due to:

Other Conditions: Rheumatic Hrt Dz
Jaundice

(Include pregnancy within 3 months of death)

Date of operation: Biopsy - Gland Neck 4/24/48

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R G Neuhauser, MD M. D.

Address Date signed

63127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 63127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 27 E. Hill St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Finkelstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER — 12. Name	Benjamin Finkelstein
FATHER — 13. Birthplace	Russia
MOTHER — 14. Maiden Name	
MOTHER — 15. Birthplace	

16 (a) Informant Son
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location

18 (a) Funeral director Jack Kaufman Inc
(b) Address 2100 Eastern Place

MAY 12 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 6 P 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948 to May 12 1948 and that I last saw h[illegible] alive on May 12 1948.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L M Kenyon

Address Mercy Hosp Date signed 5/12

X

63128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G63128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Dec 10-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaus Wisniewski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife Michalina Burnoski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1866

8. AGE: Years	Months	Days	If less than one day
82	-	3	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Joseph Wisniewski
13. Birthplace
MOTHER 14. Maiden Name Antonia Olarke
15. Birthplace
16 (a) Informant Stella Burns 1200 Valley St
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St
19 (a) MAY 12 1948 (b) Name filed by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 6:20 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1947 to May 11 1948, and that I last saw him alive on May 10 1948.

Immediate cause of death	Duration
Carcinomatosis -	6 m
Due to Carcinoma neck.	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 5/11/48

VS 150

G63129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Jew
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 01
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Fielden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1862

8. AGE: Years	Months	Days	If less than one day
85	10	22	hr. min.

9. Birthplace Hungary (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas Herbel

13. Birthplace

MOTHER 14. Maiden Name Catherine Dunn

15 Birthplace

16 (a) Informant Lillie Linder 7 Ho Rose

(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1948 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Brooklyn, A.A. Co.

18 (a) Funeral director Ritz Winefield

(b) Address 900 East Biddle St

MAY 12 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1948 to May 11 1948 and that I last saw h alive on May 11 1948

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions Arterio Sclerosis	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.

Address 1631 E North Date signed 5/12/48

G63130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address: Raynor ave & Dukeland st

(c) Hospital or institution: W. Balto. Genl. Hosp. 20-01

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 200 N. Fulton ave (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3 (a) FULL NAME Charles W. Keckeis

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jessie Stevens Keckeis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13-1874

8. AGE: Years 73 | Months 4 | Days 27 | If less than one day hr. — min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: Meat Cutter

11. Industry or business: Meat Business

FATHER

12. Name: Unknown

13. Birthplace: "

MOTHER

14. Maiden Name: Unknown

15. Birthplace: "

16 (a) Informant: Mrs. Jessie S. Keckeis

(b) Address: 200 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)

(c) Cemetery or crematory: East Nat. Market

Location: Dorchester Co. Md.

18 (a) Funeral director: Geo. L. Beyer Jr.

(b) Address: 151 2 Hollins st

19 (a) MAY 12 1948 (Date received by Registrar) (b) Thurston Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1948, at 8.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4- 1948 to 5-10 1948, and that I last saw him alive on 5-10 1948

Immediate cause of death	Duration
Cerebral Hemorrhage-right	
Due to: Hypertensive arteriosclerotic Cardio vascular disease	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cerebral Hydrocephalus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: W W Biddison M.D.

Address: W.S.G.H. Date signed: 5-10-48 M. D.

VS 150

X

R63131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montgomery Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgetta Buetefisch

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: The late Chas Buetefisch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8, 1876

8. AGE: Years 72 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Jefferson Co. W. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Cottesill
13. Birthplace Illinois

MOTHER
14. Maiden Name Margaret Ann Wine Bennet
15. Birthplace West Virginia

16 (a) Informant Mrs. John Lane
(b) Address E. Ellicott City Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1948 (month) (day) (year)
(c) Cemetery or crematory Ella Cemetery
Location Ella, Md.

18 (a) Funeral director Deaton Sons
(b) Address Ellicott City, Md.

19 MAY 12 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1948 to May 9 1948 and that I last saw h.. alive on May 9 1948

Immediate cause of death: Resp Failure — Duration:

Due to Cerebral Thrombosis

Due to Gen. Arterio Sclerosis

Other Conditions: Hypertension - " "
Heart Decompensation
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Harrison, M.D.
Address University Hosp. Balto. Md. Date signed May 9/48

M. D.

83B

63132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63132

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 Park Ave.
(c) Hospital or institution: Smith Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Mew Windsor (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella V. Hebbard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17 - 1880

8. AGE: Years	Months	Days	If less than one day
67	4	24	hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Charles J. Hebbard
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Hamer
15. Birthplace Maryland

16 (a) Informant Mrs. Corinne Hibbard
(b) Address 1935 Park Ave - Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Union Bridge, Md.

18 (a) Funeral director W. H. Hartsock & Son
(b) Address Union Bridge or New Windsor, Md.

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948 at 1045 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 12 1948 to May 10 1948, and that I last saw h.e alive on May 10 1948

Immediate cause of death	Duration
Myocardial degeneration	
Arteriosclerosis	
Due to Cardiac hypertrophy	
Mitral Stenosis	
Due to disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. E. Jones M.D.
Address 2815 Dr. Rd. Date signed May 11 1948

V S 150

63133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 104 B

Registered No. 63133

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 10 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Cliftmont ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon W Cockran Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1948

8. AGE: Years | Months: 3 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Vernon W Cockran Sr
13. Birthplace Balto

MOTHER
14. Maiden Name Irene K Wilson
15. Birthplace Balto

16 (a) Informant Mr Vernon W Cockran Sr
(b) Address 2125 Cliftmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 48 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto

18 (a) Funeral director Jos J Stephenson
(b) Address 300 N Kentucky ave

19 (a) MAY 12 1948 (Date rec'd by registrar) per Wm for Whitelow M.E.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1948 to May 10 1948, and that I last saw h.... alive on May 10 1948.

Immediate cause of death	Duration
Laceration Sinus Thrombus	
Septicemia	
Due to Meningitis	
Purulent abscess	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Macklin M. D.
Address Sinai Hospital Date signed

X

G63134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Newington Ave, (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bertha Macomber

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Hugh Malcolm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-30-89

8. AGE: Years 58 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Duplex

11. Industry or business Home

FATHER
12. Name James Linsabough
13. Birthplace New York

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant: Hugh L. Macomber
(b) Address 709 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md.

18 (a) Funeral director Wm Cook Jnr.
(b) Address 1217 St. Paul St.

19 MAY 12 1948 (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 8:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D. Medical Examiner.
Date signed 5-12-48

DR GLASSMAN 763 W. FAYETTE ST.

663135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 W. FAYETTE St.
(c) Hospital or institution: 4-0 N
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. FAYETTE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** SHELLMAN HENRY GARRETT

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: NORA SHEAFFER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1856

8. AGE: Years 92 | Months | Days | If less than one day hr. min.

9. Birthplace: YORK CO. PENNA (Town, county, and state)

10. Usual Occupation: POULTRY DEALER

11. Industry or business: RETIRED

FATHER
12. Name: DANIEL GARRETT
13. Birthplace: YORK CO. PENNA

MOTHER
14. Maiden Name: MALINDA RITTER
15. Birthplace: YORK CO. PENNA

16 (a) Informant: JOHN GARRETT
(b) Address: 731 W. FAYETTE ST

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 12, 1948 (month) (day) (year)
(c) Cemetery or crematory: YORK ROAD
Location: YORK CO. PENNA

18 (a) Funeral director: WILLIAM COOK, INC
(b) Address: 1217 ST. PAUL ST.

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948; at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 10 1948, and that I last saw h alive on May 10 1948.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	3 days
Due to: Hypertensive Cardio-vascular disease	7
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Henry Glassman M. D.
Address 753 W. Fayette St. Date signed May 12 1948

VS 150

G63136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Booth St.
(c) Hospital or institution: 20-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Booth St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Bund

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bertha C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1896

8. AGE: Years	Months	Days	If less than one day
52	0	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name William H. Bund
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Higdon
15. Birthplace Md.

16 (a) Informant Mrs. Bertha Bund
(b) Address 2230 Booth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave. & Fayette St.

19 (a) MAY 12 1948 (Month, day, year) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948 at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1947 to May 1948 and that I last saw h. alive on May 8 1948

	Duration
Immediate cause of death Coronary Thrombosis	3 hrs
Due to Antecedent Arterio Sclerotic Cardiovascular disease	2 yrs
Due to	
Other Conditions Chronic Glomerulitis	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Sulkowski M.D.
Address 945 W. Belvedere St. Date signed 5/11/48

VS 150

BC-48-09800 G63137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63137 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Diamond Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roberta Myrick
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | Color or race Colored | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-14-48
8. AGE: Years — | Months — | Days 27 | If less than one day — hr. — min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Myrick
13. Birthplace Va.

MOTHER
14. Maiden Name May Lyal
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 May 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A Sweeney
(b) Address 6 West Saratoga St

19 (a) Died [redacted] (b) Huntington Williams [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1948 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-1948 to 5-11-1948.
and that I last saw her alive on 5-11-48

Immediate cause of death: Pneumonia → Duration 2 days
Due to
Due to: complication of Pregnancy → over 1 mo.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O'Neill Lysaught M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/11/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G63138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 N. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 N. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME John E. Salbeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Grace M. Salbeck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1901

8. AGE: Years 47 | Months - | Days 11 9 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county and state)

10. Usual Occupation Policeman

11. Industry or business

FATHER
12. Name George Salbeck
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Schenk
15. Birthplace Germany

16 (a) Informant Grace M. Salbeck
(b) Address 441 N. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) 5-12 1948 (b) [redacted] (Date received by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1948 to May 10 1948, and that I last saw h[illegible] alive on May 10 1948

Immediate cause of death: Acute Cardiac Failure. — Duration

Due to: Cardiac Decompensation. —

Due to: —

Other Conditions: Carcinoma, Rt Lung —

(Include pregnancy within 3 months of death)

Date of operation: June 3, 1945

Major findings of operation: Carcinoma of Right Lung.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T A Flanigan Jr

Address 3503 Fort Date signed M. 5 D. 13 46

Asl 2 C63139 C63139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 424203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Born Baylor

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 E. Preston St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Barksdale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-16

8. AGE: Years 32 | Months 3 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edgar Barksdale
13. Birthplace Va

MOTHER 14. Maiden Name Elizabeth Nunnalley
15. Birthplace Va.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location

18 (a) Funeral director Joseph L. Locke
(b) Address 1304 N. Central Ave

(a) MAY 12 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11- 1948, at 6:18 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1948 to 5-11 1948, and that I last saw him alive on 5-11 1948.

Immediate cause of death: Myocarditis — Duration: 1 year

Due to: ? Idiopathic

Due to: ? Arteriosclerotic

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: myocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/11/48

G63140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63140

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 Madison ave.
(c) Hospital or institution: 14 03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Robert St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 16 5435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 19 1893

8. AGE: Years	Months	Days	If less than one day
54	6	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation cook
11. Industry or business

FATHER
12. Name Edward Bowen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret ??
15. Birthplace Balto. Md.

16 (a) Informant Leah Reddick
(b) Address 553 Robert ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 13 '48 (month) (day) (year)
(c) Cemetery or crematory Mt. Zoin
Location Balto. Md.

18 (a) Funeral director Joseph L. Russ
(b) Address 1200 McCulloh St.

19 (a) 12 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948 to May 9 19xx. and that I last saw h[illegible] alive on May 6 19xx.

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr.
Due to Broken Compensation	6 mo's
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. William Frey
Address 1928 Penna Ave Date signed 5/12/48 M. D.

VS 150

X

G63141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

G63141
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address ... No. 0
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ...
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) **FULL NAME** Lydia E Schenkel

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: F

5. Color or race: W

6 (a) ~~Single, married~~, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: SAMUEL F. SCHENKEL

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1871

8. AGE: Years 76 | Months 6 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace: BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: JOSEPH REICHTLER
13. Birthplace: BALTO, MD.

MOTHER
14. Maiden Name: ANNIE HUNT
15. Birthplace: BALTO., MD

16 (a) Informant: MRS. FORREST G. KROMER
(b) Address: 3112 BRIGHTON ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: BALTO., MD.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: BALTO., MD

19 (a) 12 1948 (Date rec'd by reg.) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 1948, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 May 1948 to 11 May 1948 and that I last saw h ER alive on 11 May 1948.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10 May 48

Major findings of operation: Chronic Cholecystitis

of autopsy: Coronary Occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature: Ernest G. Cerasano M. D.
Address: Maryland Gen'l Hosp Date signed 11 May 48

G63142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G63142 Registered No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3814 FAIRVIEW Ave
(c) Hospital or institution: 15-09 ADIVE ADDRESS
(d) Length of stay in ~~hospital or inst. (yrs., mos., or days)~~ 29 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 FAIRVIEW Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA G. WEBER (NEE JENKINS)

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife HAROLD W. WEBER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1876

8. AGE: Years 71 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO., MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name WILLIAM JENKINS
13. Birthplace BALTO., MD.

MOTHER
14. Maiden Name MARY SUMMERS
15 Birthplace MD.

16 (a) Informant MR. HAROLD W. WEBER
(b) Address 3814 FAIRVIEW Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory MORELAND PK.
Location BALTO CO. MD.

18 (a) Funeral director WM J. TICKNER & SONS
(b) Address BALTO MD.

MAY 12 1948 (Date rec'd by registrar) (b) Thomas for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1948, at M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1947, to 5-19-48 and that I last saw h alive on 5-11 1948.

Immediate cause of death	Duration
(a) Termination of age	
Due to (b) Generalized arteriosclerosis	4 yrs.
Due to (c) Chronic myocarditis	4 yrs
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Hypertensive Cardio Renal
of autopsy: Senile psychosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thos H Talbot M. D.
Address 4509 Liberty Heights Date signed 5-12-48

X

G63143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G63143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city write RURAL and give town)
(d) Street No. No (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

(c) Date received by Registrar MAY 12 1948

University Medical School MAY 11 1948
Commissioner of Health

Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 – 1948, at 12 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-1-48 at 3-0 A.M.
(b) Where did injury occur? Harbor - East side of Shyrock's wharf
(c) Did injury occur at home, on farm, industrial place, in public place? Public (Harbor) While at work? no
(d) Means of injury Found drowned

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 5-3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. G63144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen. Hosp. 15-08
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Fairview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delbert a. Barkey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nina M. Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1912

8. AGE: Years	Months	Days	If less than one day
36	2	21	hr. min.

9. Birthplace Millersburg, Ohio (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Social Security

FATHER
12. Name Joseph Barkey
13. Birthplace Ohio

MOTHER
14. Maiden Name Nellie Patterson
15. Birthplace Ohio

16 (a) Informant Mrs. Nina Barkey
(b) Address 3405 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Balto. Md

18 (a) Funeral director Loring Byers.
(b) Address 1345 W. Pratt St

19 (a) Huntington Williams (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection of Body thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Gun-shot wound of abdomen.
Peritonitis.
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 15-08
(a) Date of injury 5-12-48 at 2:00 P.M.
(b) Where did injury occur? 3405 Fairview Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Firearms

23. Signature Chas G. Merrill M.D. (Medical Examiner.)
Date signed 5/13/48

VS 151

G63145

BC-KF-09429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160 C

G63145
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or ~~days~~) 9 HRS.
(e) Length of stay in Baltimore (yrs., mos., or days) 15-08

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL MORRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/6/48

8. AGE: Years | Months | Days | If less than one day: 9 hr. 13 min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name WILLIAM G. MORRIS
13. Birthplace ~~N.C.~~ Unknown

MOTHER
14. Maiden Name ANGELINE CONE
15. Birthplace N.C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical School MAY 11 1948
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1948, at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1948 to 5-6 1948 and that I last saw HER alive on 5-6 1948.

Immediate cause of death Congenital Asphyx. 6½ mo. wt 2 lbs 12 oz. — Duration

Due to Premature Labor — Duration

Due to Premature Seperation of Placenta — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation 5/3/48

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Gordon Monow Jr. M.D.
Address Md. Gen. Hosp. Date signed 5-7-48

663146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 Brune St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days) 17-0-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Brune Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School MAY 11 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 1948, at 10:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic P. V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D. Medical Examiner.

Date signed 2 May 48

VS 151

663147 JL - 115851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Every item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: 26 12
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home Address
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hodges

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1892

8. AGE: Years	Months	Days	If less than one day
56	2	24	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Hodges
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Hoffman
15 Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 11 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 12 1948 Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948, at 6.05PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1947 to April 25 1948, and that I last saw h. im alive on April 25 1948.

Immediate cause of death Probable coronary occlusion — Duration Sudden
Due to Arteriosclerosis, generalized — none
Due to
Other Conditions Rheumatic Heart Disease — 2½ yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Vinke Jr. M. D.
Address Balt City Hosp. Date signed 26 Apr. 48.

663148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 663148

GM. 118713

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals 26 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 24 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Homeless (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Porter Jackson Holt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 - 1892

8. AGE: Years 55 | Months 10 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Oklahoma (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James K. Holt

13. Birthplace Tenn.

MOTHER 14. Maiden Name Mary Ables

15. Birthplace Tenn.

16 (a) Informant Records Balt. City Hospital

(b) Address 4940 Eastern Ave.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School

18 (a) Funeral director

(b) Address

19 MAY 12 1948 (Date rec'd by registrar) Huntington Williams

MAY 11 1948 Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 29 - 48 6:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 5 - 48 to 4 - 29 - 48

and that I last saw ... alive on 4 - 29 - 48

Immediate cause of death: Chronic glomerulonephritis — Duration 2 10 yr.

Due to: Hypertension

Due to:

Other Conditions: Emphysema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ... at ... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. T. Binford M. D.

Address Balt. City Hosp. Date signed 5-10-48

VS 150

G63149
AB-88120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G63149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2 0 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 23yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Shakespear St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Halston-or- Arthur Hallstrom

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept- 3- 1884

8. AGE: Years 63 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John Halston-or-John Hallstrom-(D
13. Birthplace Sweden

MOTHER
14. Maiden Name Elamania ?-or-Elamanin?-(D
15. Birthplace Sweden

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 11 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30- 1948, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20- 1944 to 4-30- 1948, and that I last saw him alive on 4-30- 1948.

Immediate cause of death: Bilat. Tar advanced Pulm. TBc — Duration: Yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Morrow M. D.
Address Balto. City Hosp. Date signed 5/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G63150 BALTIMORE CITY HEALTH DEPARTMENT X G63150
Registered No.

CERTIFICATE OF DEATH V 81a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Spartenaburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Connie Click
3 (b) If veteran, name war
3 (c) Social Security Account No.
Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-21-41
8. AGE: Years 6 | Months 7 | Days 20 | If less than one day hr. min.
9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Spartenburg S.C.
11. Industry or business School

FATHER
12. Name William Click
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Doline Harmon
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12th (month) (day) (year)
(c) Cemetery or crematory Greenlawn Cem
Location Spartenburg S.C.
18 (a) Funeral director Aldrich & Funeral Home
(b) Address 2008 Orleans St
19 (a) (b) Registrar

MAY 12 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1948 to 5/11 1948, and that I last saw her alive on 5/11 1948.

Immediate cause of death: Leptomeningitis, etiol undet

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lee J. Borger MD M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-12-48

663151

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 46E

663151 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every death must be reported to the Health Department within 24 hours. Fill out completely and write the causes of death clearly and legibly. Underlining and abbreviations are not permitted. Be sure that the information given as to age is correct. Ages are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Liberty Hgts Ave
(c) Hospital or institution: Druid Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glenburnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Second Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Melvina Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Wesley Hall, Sr.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1894

8. AGE: Years 53 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Oxford, Md. (Town, county, and state)

10. Usual Occupation Teacher & Housewife

11. Industry or business School Home

FATHER
12. Name John Purnell Thompson
13. Birthplace Oxford

MOTHER
14. Maiden Name Ethel Boone
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant JOHN W. HALL, Sr.
(b) Address 214-2ND AVE S.E. GLEN BURNIE, Md

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 13, 1948 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location BROOKLYN, MD. R.F.D.

18 (a) Funeral director THOMAS W. SINGLETON
(b) Address GLEN BURNIE, MD.

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1948 to May 11 1948 and that I last saw h alive on May 11 1948

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Carcinoma of Sigmoid Flexure — Oct. 1947

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb. 1948

Major findings of operation: Carcinoma of Sigmoid Flexure

of autopsy:

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo. N. Schlenger
Address 400 Liberty Hgts Ave Date signed 5/11/48
Leo. N. Schlenger M.D.

BC - F 86905
663152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170C

Registered No. 663152

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6055 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia ~~Dorn~~ Phyllis King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9/1943

8. AGE: Years 4 | Months 7 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James L King
13. Birthplace Pulaski Co Va

MOTHER
14. Maiden Name Evelyn ~~Smith~~ Smithers
15. Birthplace Virginia

16 (a) Informant James L King.
(b) Address 6055 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/1948 (month, day, year)

(c) Cemetery or crematory Mountain View
Location Dublin Va

18 (a) Funeral director Harry A Amnacost
(b) Address 4204 Rodgewood Ave

19 MAY 13 1948 (Date rec'd by Registrar) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1948 at 3 40 P. M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractured skull
" Caused by Collision

Due to

Other Conditions Fractured leg bones (compd)
Bruises & both knees.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/11/48 Approx 3:15 P. M.
(b) Where did injury occur? Falls Road 65' south of State line
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by Trailer-Truck

23. Signature Howard A. Mueller M.D.
Medical Examiner.
Date signed 5/12/48

VS 151

G63153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

Registered No. G63153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Paul + 23rd Sts.
(c) Hospital or institution: Dr. Harvey G. Beck Clinic
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Roslyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reno C. Showacre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Robt. L. Showacre

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1870

8. AGE: Years 77 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mc. Kenzie
13. Birthplace Unknown

MOTHER
14. Maiden Name Emma J. Sewell
15. Birthplace Md.

16 (a) Informant Mrs. Oscar E. Hamson
(b) Address 1206 Circle Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 E. Monument

19 (a) MAY 3 1948 (Date Rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948; at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to May 10 1948 and that I last saw h-lx alive on May 10 1948

Immediate cause of death: Cardiac failure — Duration: 10 dy

Due to: Arteriosclerosis and hypertension — 15 yrs.

Due to:

Other Conditions: Recurrent chronic pyelitis & uretral stricture — 20 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey G. Beck M. D.

Address 108 E. 23rd St Date signed 5-17-48

VS 150

97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G63154

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 Morling Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-8
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Morling Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Daniel Edward Hunt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ida Belle Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1871

8. AGE: Years 77 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: Baltimore Co. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: William T. Hunt
13. Birthplace: Baltimore Co.

MOTHER
14. Maiden Name: Sarah Jane Bosley
15. Birthplace: Baltimore Co.

16 (a) Informant: George R. Tarbart
(b) Address: 1319 Morling Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1948 (month) (day) (year)
(c) Cemetery or crematory: Pleasant Grove
Location: Baltimore Co.

18 (a) Funeral director: J. F. Thum & Son
(b) Address: Reisterstown, Md.

19 (a) MAY 13 1948 (Date rec'd by Registrar) (b) [signature] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/48, 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1937, to 5-11 1948, and that I last saw ~~been~~ alive on 5-10 1948

Immediate cause of death	Duration
Carcinoma of Prostate	3 yrs.
Due to	
Due to	
Other Conditions arteriosclerosis	11 yrs
Hypertensive C-V. Disease	11 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: D. D. Caples, M.D.
Address: Reisterstown, Md. Date signed 5-12-48

VS 150

G63155 JL - 119608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1124B

Registered No. G63155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 21
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 848 Ramsey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Josephine Hencelman~~ or Josephine F. Havelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Sep.

6 (b) Name of husband Theodore HAVELMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1887

8. AGE: Years	Months	Days	If less than one day
60	6	27	hr. min.

9. Birthplace Md. Balto (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name (Not Known) Franklin
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave. 5/14/48

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 13 1948 (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 4.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 12 1948, and that I last saw h... alive on May 12 1948.

Immediate cause of death	Duration
(a) Uremia Hematemesis	30 min
Due to ? Esophageal Varices	?
Due to ? Cirrhosis	?
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: The above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Linthicum M. Straughn M. D.
Address BCH Date signed 5/13/48

X

G63156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Mura St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Mura St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence C Hoffmann

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20 1888

8. AGE: Years 60 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rudolph Burkhardt
13. Birthplace Switzerland

MOTHER
14. Maiden Name Lovina Bahn
15. Birthplace Pa

16 (a) Informant John D Hoffman
(b) Address 709 Mura St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1217 E Fayette St

19 MAY 13 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 5-11-1948
and that I last saw her alive on 5-11-1948

Immediate cause of death: Cerebral Accident — Duration: 1 day
Due to: Nephrosis — 6 mo.
Due to: Arthritis Deformans — 15 yrs.
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Solomon Sherman M. D.
Address 2424 Eutaw Place Date signed 5-12-48

Solomon Sherman X

48-09537
G63157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63157

Hospital Disposal ✓160a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Lorman Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Howell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day: 27 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name William Howell
13. Birthplace N. Carolina

MOTHER — 14. Maiden Name Marie Banks
15. Birthplace Ga.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 MAY 13 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1948 to 5/7 1948 and that I last saw h[illegible] alive on 5/7 1948.

Immediate cause of death	Duration
intracranial hemorrhage	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Engler, Jr. (M.D.)
Address JOHNS HOPKINS HOSPITAL Date signed 5-9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

VS 150

X

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BC = 4819838

G63158

AB-119531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G63158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 Colfax Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl -Lee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7-1948

8. AGE: Years | Months | Days | If less than one day 6 hr. 8 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Bernard Lee
13. Birthplace ?

MOTHER
14. Maiden Name Rosa Docker
15. Birthplace Virginia

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave. 9 AM

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 5-10-48 (month) (day) (year)
(c) Cemetery or crematory Balto. City Hosp.
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) Filed 5-12-1948 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 2.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7- 1948 to 5-8- 1948, and that I last saw her alive on 5-8- 1948

Immediate cause of death Prematurity — Duration 6 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Prematurity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold H Becker M.D.
Address Baltimore City Hosp. Signed 5/12/48

G63159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V448

Registered No. G63159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 West 37 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Erna Kaufmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Siegbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER — 12. Name David Linz

FATHER — 13. Birthplace Germany

MOTHER — 14. Maiden Name Irene

MOTHER — 15. Birthplace Germany

16 (a) Informant Siegbert Kaufmann

(b) Address 1300 W 37 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 2160 Eastern Place

19 (MAY 12 1948) (b) Filed by Registrar (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1948, at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1948 to 5-12 1948 and that I last saw her alive on 5-12 1948.

Immediate cause of death	Duration
Pregnancy, Interm	
Due to Hodgkin's Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman Zunberg M. D.

Address Sinai Hosp. Date signed 5-18-48

VS 150

G63160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G63160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 West North Ave
(c) Hospital or institution: 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer Katzoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rachael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Lith

MOTHER
14. Maiden Name not known
15. Birthplace Lith

16 (a) Informant Rachael Katzoff
(b) Address 2306 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 210 Eutaw Pl.

19 (a) MAY 13 1948 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1948, at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1948, to May 12 1948, and that I last saw h[illegible] alive on 5/11 1948.

Immediate cause of death: acute Cardiac dilatation

Due to:

Due to: Ca of Ovary

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: at M
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature S C Feldman M.D.
Address 441 E Balto St Date signed 5/14/48

63161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 63161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 HOLBROOK ST.
(c) Hospital or institution: 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 HOLBROOK ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN P. HOWARD

3 (b) If veteran, name war None | 3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife NETTIE HOWARD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUL. 26, 1862

8. AGE: Years 85 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace BALTO; MD. (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business CHESAPEAKE STEAMSHIP

FATHER
12. Name JOSEPH C. HOWARD
13. Birthplace BALTO; MD.

MOTHER
14. Maiden Name ELIZABETH MULLEN
15 Birthplace BALTO; MD.

16 (a) Informant MRS. NETTIE P. HOWARD
(b) Address 1409 HOLBROOK ST - 2

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET
Location BALTO. MD

18 (a) Funeral director JOHN F. TICHNER & SON
(b) Address BALTO. MD

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1948, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1948 to 5-10 1948 and that I last saw h.. alive on 5-8 1948.

Immediate cause of death	Duration
Myocardial failure.	5 yrs
Due to Generalized arterio sclerosis.	15-20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Schuff M.D.
Address 1206 E. Preston St Date signed 5-11-48

X

63162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45a

Registered No. 63162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Johnstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Lincoln St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grove Swartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Eva

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name retired Salesman
13. Birthplace Pa

MOTHER — 14. Maiden Name Alvina Beisecker
15. Birthplace Pa

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/13/48 (month) (day) (year)

(c) Cemetery or crematory
Location Johnstown Pa

18 (a) Funeral director Wm J Fichtner & Son
(b) Address Berlin, Md.

19 MAY 13 1948 (Date rec'd by registrar) (Huntingtown Williams, Md.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1948 to 5/12 1948 and that I last saw him alive on 5/12 1948.

Immediate cause of death	Duration
Perforation of abdominal viscus	48 hr
Due to Carcinoma of lip metastatic.	2 yr
Due to	
Other Conditions Emphysema.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ca of lip, metastatic

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry E. Bahrenburg M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/14/48

G63163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G63163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Patapsco St -
(c) Hospital or institution: — 23-2
(d) Length of stay in hospital or inst. (yrs., moe., or days) —
(e) Length of stay in Baltimore (yrs., moe., or days) about 45 yrs -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County —
(c) City or town Baltimore -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Patapsco St -
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Samuel Charles Coursey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-07-9455

4. Sex Male

5. Color or race White -

6 (a) Single, married, widowed, or divorced. Married -

6 (b) Name of husband or wife Ida E. Coursey (nee Carroll)

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 12, 1886

8. AGE: Years 61 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation B. & O. R.R. Engineer -

11. Industry or business —

FATHER
12. Name Samuel Coursey
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland -

16 (a) Informant Mrs. Ida E. Coursey (wife)
(b) Address 1511 Patapsco St - Balto 30 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location B. & O. Co., Md

18 (a) Funeral director J. Bowyer Evans
(b) Address 1600 E. Chase St Balto 30 Md

19 MAY 13 1948 (Date rec'd by registrar) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION 12:10

20. DATE OF DEATH May 12, 1948, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1948 to May 12 1948 and that I last saw h[illegible] alive on May 11 1948.

Immediate cause of death: Myocardial Insufficiency

Due to —

Due to —

Other Conditions Coronary Sclerosis Hypertension
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature John A. Schevenell
Address 1337 S. Eliot St Date signed 5/12/48 M.D.

X

663164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 N Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N Montford (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida E. Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm R Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1859

8. AGE: Years 89 Months 4 Days - If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER 12. Name John Bekem

13. Birthplace Balto

MOTHER 14. Maiden Name Margaret Leighton

15. Birthplace Balto

16 (a) Informant Mrs Adkins Mc Leighton

(b) Address 1114 N Montford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2216 Orleans St

19 (a) MAY 13 1945 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1945, at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1945 to 5/11 1945 and that I last saw her alive on 5/10 1945

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hr
Due to Cerebrosclerosis senile	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen L. Magennis M. D.

Address 1445 N Gay St Date signed 5/11/45

X

G63165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

Registered No. G63165

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 N. Eutaw Street
(c) Hospital or institution: 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 88 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Eutaw Street (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Edwin Meeds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jeannette G. MacGregor
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1859

8. AGE: Years	Months	Days	If less than one day
88	4	28	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -------

FATHER
12. Name James E. Meeds
13. Birthplace Virginia

MOTHER
14. Maiden Name Ariette Ridgely Orndorff
15. Birthplace Maryland

16 (a) Informant Mrs. Jeannette G. Meeds
(b) Address 1123 N. Eutaw Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) MAY 13 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1948, at 100 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1948, to May 11th 1948, and that I last saw him alive on May 11th 1948

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to Arterio-Sclerosis

Due to Cystic Cystitis

Other Conditions Cystic cystitis with Hematuria

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Courtland M. D.
Address 1300 N. Calvert St Date signed May 13/48

VS 150

NOVAK

663166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131a

Registered No. 663166

Every item of information should be carefully supplied. The write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Cookman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Cookman (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony F Novak

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-8972

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche Novak

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1883

8. AGE: Years 64 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Car Inspector

11. Industry or business B & O R R

FATHER
12. Name Frank Novak
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Blanche Novak
(b) Address 1413 Cookman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto. Md.

18 (a) Funeral director Chas. F. Dill
(b) Address 1526 E. Fait Ave.

19 (a) MAY 13 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948 to May 11 1948 and that I last saw h alive on May 10 1948.

Immediate cause of death Coronary Occlusion — Duration 5 hr

Due to Arteriosclerosis — 3 yr

Due to Chr. Interstitial Nephritis — 3 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. O. Stevens M. D.
Address 2878 Harford Ave Date signed 5/13/48

V S 150

663167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1058 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1058 Argyle Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Neal

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5835

4 Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Georgia 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1893

8. AGE: Years 55 | Months 2 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Georgia Neal
(b) Address 1210 Woodyear Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto Co. Md.

18 (a) Funeral director Wm. Cyd. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) MAY 13 1946 (b) Huntington Williamsport Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1946 at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17-46 to 5-11-46 and that I last saw him alive on 5-11-46.

Immediate cause of death	Duration
Hypertension Cardio-Renal Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Walker M. D.
Address 1 W. Pleasant Date signed 5/11/46

063168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. 063168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 647 N. Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 647 N. Fulton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Ford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife William Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1874

8. AGE: Years	Months	Days	If less than one day
74	3	13	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant William Heffern
(b) Address 647 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn.
Location Md

18 (a) Funeral director Geo G. Nelson
(b) Address 1303 Pennsylvania Ave

MAY 13 1948 (Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1947 to 5/11 1948, and that I last saw h[illegible] alive on 4/15 1948

Immediate cause of death	Duration
Chronic Cardio Vascular Renal Disease, Hypertension	
Due to Cerebral Hemorrhage	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] Jackson M.D.
Address 600 Madison Ave Date signed 5/13/48

VS 150

G63169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

G63169 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 24-4
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Jackson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Scanlon
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-03-5762

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 - 1908

8. AGE: Years 40 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Scranton Pa. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name James J. Scanlon
13. Birthplace Moscow Pa.

MOTHER
14. Maiden Name Caroline Swartz
15. Birthplace Moscow Pa.

16 (a) Informant Mrs. Alice Harding
(b) Address Box 35 Stanton Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 - 48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Ritchie Highway A.A. Co.

18 (a) Funeral director Elizabeth Harle Inc.
(b) Address 115 E. Mt. St.

19 MAY 13 1948 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1948 at 12 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1948 to 5-11 1948 and that I last saw h alive on 5-11 1948

Immediate cause of death Uremia
Chronic Nephritis
Due to Hypertensive Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert Carnge M. D.
Address 626 Ewell Av. Date signed 5-12-48

VS 150

G63170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63170

PLEASE WRITE PLAINLY with pen or pencil, and write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2039 Annapolis Rd.
(c) Hospital or institution: None 25-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2039 Annapolis Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Giles Robert Cook

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Jesse Cook
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) JAN 26 1877

8. AGE: Years 81 | Months 3 | Days 16 | If less than one day: hr. ——— min. 867

9. Birthplace King & Queen Co. VA. (Town, county, and state)

10. Usual Occupation SADDLE MAKER

11. Industry or business

FATHER
12. Name William Cook -
13. Birthplace VA.

MOTHER
14. Maiden Name Margaret Chapman
15. Birthplace VA.

16 (a) Informant Jesse Cook
(b) Address 2039 Annapolis Rd.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-15-48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE

18 (a) Funeral director Bernard C. Hahn
(b) Address 121 E West St

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1948, at 5:54 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 10 1948, to MAY 12 1948, and that I last saw h[im] alive on MAY 12 1948

Immediate cause of death	Duration
ARTERIOSCLEROTIC + HYPERTENSIVE C.V.D.	
Due to	
Due to	
Other Conditions GANGRENE, FOOT - BILATERAL	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis L. Trumbore M. D.
Address 1317 Annapolis Rd. Date signed May 15 1948

G63171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G63171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 BELMONT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 BELMONT AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE DISHER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEM | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 21 1867

8. AGE: Years 80 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name GEORGE F DISHER.
13. Birthplace GERMANY

MOTHER
14. Maiden Name ROSE M. SCHUBERT
15 Birthplace GERMANY

16 (a) Informant MRS SOPHIA BRIEL
(b) Address PIKESVILLE-8 MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-14-48 (month) (day) (year)
(c) Cemetery or crematory TRINITY LUTH CEM.
Location TOPPA MD

18 (a) Funeral director MRS CHAS A ROHDE
(b) Address 2327 EDMONDSON AVE

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY- 11 1948 at 4-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7- 1948 to May 11- 1948, and that I last saw her alive on May 11 1948

Immediate cause of death Congestive Heart Failure — Duration 5 days
Due to Coronary Heart Disease — Years
Due to Coronary Sclerosis — Years
Other Conditions Insanity — 4 Years
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Mendelis M. D.
Address 651 N Bentalou Date signed 5/12/48

Kathryn Williams, MD

3 Trans-
3172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 663172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 119 days
(e) Length of stay in Baltimore (yrs., mos., or days) 119 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ (b) County
(c) City or town Jersey City (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Hudson St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH ROBERT MILLER

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 066-14-2462

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1884

8. AGE: Years 63 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Gloucester, Mass. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Seafarer

FATHER
12. Name Robert Joseph Miller
13. Birthplace Mass.

MOTHER
14. Maiden Name Agnes De Voe
15 Birthplace Mass.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-48 (month) (day) (year)
(c) Cemetery or crematory Govans Presbyterian
Location Balto. Md.

18 (a) Funeral director Ellsworth Lehnig Co.
(b) Address 3911 Liberty Heights Ave.

19 (a) (Registrar's signature) (b) Huntington Williams (Registrar)

MAY 13 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1948 to May 11 1948, and that I last saw him alive on May 11 1948

	Duration
Immediate cause of death: Bronchopneumonia bilateral	1 wk.
Due to:	
Due to:	
Other Conditions: Carcinoma of lung with metastasis to adrenal &	Unknown
(Include pregnancy within 3 months of death)	
Duodenum thyroid	

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 5/12/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered 663173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard R Gountee

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hattye
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Dec 27 1882
8. AGE: Years 65 | Months 4 | Days 15 | If less than one day: hr. min.
9. Birthplace: Washington D C (Town, county, and state)
10. Usual Occupation: Machinist Retired
11. Industry or business:
FATHER 12. Name: Rev. Eli Gountee
13. Birthplace: Baltimore
MOTHER 14. Maiden Name: Susan Long
15. Birthplace: Johnsonk
16 (a) Informant: Hattye Gountee
(b) Address: 601 N Charles St
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 5/12/48
(c) Cemetery or crematory: Cremation Co
Location: Baltimore
18 (a) Funeral director: Wilhom Colony
(b) Address: 1219 Park Ave
19 (a) MAY 13 1948 (Date received by registrar) (b) Huntington Wills Burial

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944 to May 11 1948, and that I last saw h alive on Nov 15 1946

Immediate cause of death: coronary occlusion — Duration: 20 Hours
Due to: Arteriosclerosis (Hemiplegia) — 10 years
Due to:
Other Conditions: Abscess L Thigh (Included pregnancy within 3 months of death) — 1945

Date of operation: Prior to Entrance
Major findings of operation: Post Traumatic
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Grafton Hergerger, M.D.
Address 214 Md St Balto Date signed 5/14/48

Howard J. Mullen, M.D.

G63174

SC-B 86097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No. G63174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1417 Barnes St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Albert Boyd 30

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-47

8. AGE: Years | Months: 9 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER

12. Name: Reuben Boyd

13. Birthplace: Va

MOTHER

14. Maiden name: Allie May Hendricks

15. Birthplace: Va

16 (a) Informant: Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 '48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem. Co.

Location Ck. A. County Md.

18 (a) Funeral director Mrs. Pott. A. Elliott Dealy

(b) Address 1129 N. [illegible] St.

19 (a) [illegible] 13 1948 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8, 1948, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948 to May 8 1948 and that I last saw h[illegible] alive on May 8 1948.

Immediate cause of death: Respiratory Failure — Duration: 5 min

Due to: Resp. alkalosis

Due to: CNS damage d/t [illegible] atrophy

Other Conditions: Cortical atrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. G. LYSAUGHT, M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/14/48

M.D.

G63175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G63175 Registered No.

161a

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Anne Arundel
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Soldiers Row (R.F.D. 164)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Stevens Coombs

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 2½ | Days | If less than one day: hr. min.

9. Birthplace: Odenton, A.A.Co., Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: Wagner
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Sally E. Coombs
15. Birthplace: Marion, Virginia

16 (a) Informant: Oscar T. Coombs
(b) Address: Odenton, Md.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1948 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven
Location: Glen Burnie

18 (a) Funeral director: Thomas W. Singleton
(b) Address: Glen Burnie, Md.
(c) MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-12-1948, at 3:05 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH: Malnutrition, atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: George G. Merrill M.D.
Medical Examiner.
Date signed 5/13/48

VS 151

G63176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63176 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Chesapeake City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JAMES HENRY CALEB

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 221-09-9897

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Sawyer Caleb

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1893

8. AGE: Years 55 | Months 3 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Chesapeake City, Md.
(Town, county, and state)

10. Usual Occupation: Deckman

11. Industry or business: Seafarer

FATHER
12. Name: John Caleb
13. Birthplace: Chesapeake City, Md.

MOTHER
14. Maiden Name: Lillian Curtis
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 13 1948 (month) (day) (year)
(c) Cemetery or crematory: Chesapeake City
Location: Md.

18 (a) Funeral director: H. W. Peffin & Son
(b) Address: Elkton Md.

MAY 13 1948 (Date) (Registrar) (b) Registered

VS 15

Transcription for Maryland Historical Society

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1948 to May 12 1948, and that I last saw him alive on May 12 1948

Immediate cause of death: Endocarditis chronic, aortic valve with aortic insufficiency and

Antecedent causes: cardiac decompensation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

Duration:
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert E. Miller
Robert E. Miller, Surgeon M. D.
Address: US Marine Hospital Date signed 5/13/48
Balto, 11, Md.

Dr. G631777 BALTIMORE CITY HEALTH DEPARTMENT G631777
Registered No.

CERTIFICATE OF DEATH 1937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution: Snyder's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 N. Patterson Pk. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Lillie C. Blair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Wm. L. Blair

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1878

8. AGE: Years 69 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Charles Schoepplein
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Mr. Anthony Wisbeck
(b) Address: 1923 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Md.

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road, #14

19 (a) Date received MAY 13 1948 (b) by registrar [signature]

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1948, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to May 11 1948, and that I last saw her alive on May 11th 1948.

Immediate cause of death: Chronic Myocarditis — Duration: 2 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy: No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work?
(e) Means of injury none

23. Signature R. K. Gordy M.D.
Address 5106 Harford Rd Date signed 5/12/48

G63178 BALTIMORE CITY HEALTH DEPARTMENT G63178

CERTIFICATE OF DEATH 121

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. CAROLINE ST.
(c) Hospital or institution: ST JOSEPHS HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County B
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 N PATTERSON PARK AVE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME SCHWENSEN MARY CATHERINE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife JOHN MICHAEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 21 - 1880

8. AGE: Years 67 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace BALTO
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name Augustin Hubbel
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Bunce
15. Birthplace Md.

16 (a) Informant Mrs. John Schweneen
(b) Address 1502 N. Patt. Pk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.

19 (a) Date received MAY 13 1948 Registrar Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1948 at 6 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/7 1948 to 5/12 1948 and that I last saw her alive on 5/12 1948

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration

Due to HYPERTENSIVE C-V DISEASES

Due to

Other Conditions GANGRENOUS APPENDIX, POST-OP
(Include pregnancy within 3 months of death)

Date of operation 5/7/48

Major findings of operation: GANGRENOUS APPENDIX

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P. Porter M.D.
Address St. Jos. Hosp Date signed 5/13/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51c

G63179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Fleetwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Fleetwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred O Krauk III

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5. 1931

8. AGE:	Years	Months	Days	If less than one day
	16	9	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name Fred O. Krauk, Jr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida M. Edwards
15. Birthplace St. Mary's Co, Md.

16 (a) Informant Mr. & Mrs. Fred O. Krauk
(b) Address 2811 Fleetwood Avenue #14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) (Date rec'd by Registrar) (b)

MAY 13 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1948 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 25 Oct 1947 to 12 May 1948 and that I last saw him alive on 5-11 1948

Immediate cause of death Carcinomatosis, generallized

Due to Primary testicular carcinoma (embryonal type)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinomatosis, generallized

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.
Address Franklin & Fremont Sts Date signed 5-12-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63180 Registered No.

G63180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Turners Sta. (If outside city of town limits, write RURAL and give town)
(d) Street No. 337 Finch Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ailey Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Walter M Hall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1889

8. AGE: Years 59 Months - Days 28 If less than one day hr. min.

9. Birthplace Wake Co NC (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Evans
13. Birthplace Wise Va

MOTHER 14. Maiden Name Emma Fithadge
15. Birthplace Wendell Va

16 (a) Informant Walter L. Hall
(b) Address 337 Finch Street Turners

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1948 (month) (day) (year)

(c) Cemetery or crematory Malaby's Cross Rd
Location Raleigh NC

18 (a) Funeral director Robert E. Williams
(b) Address 15 E Edenton St

MAY 13 1948 (a) Signature of registrar (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Subdural hemmorhage
Lacerations & brush burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury May 10 1948 6:00 P.M.
(b) Where did injury occur? Eastern Ave & Anglesea St.
(c) Did injury occur at home, on farm, industrial place, in public place Street intersection while at work? No
(d) Means of injury Pedestrian Struck by truck

23. Signature Homer J. Mueller M.D. Medical Examiner.
Date signed 5-11-48

LIPPY

G63181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63181

Registered No. 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Lippy
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5 Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-6-07
8. AGE: Years 40 | Months 10 | Days 6 | If less than one day: hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Cook. Teacher.
11. Industry or business

FATHER
12. Name Edgar Morgan
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Lippy
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (month) (day) (year)
(c) Cemetery or crematory London P.K.
Location Frederick Co. Md.
18 (a) Funeral director Jacob Wentz Son
(b) Address Manchester Md.
(a) (b) Huntington Williamsport, Md.
MAY 13 1948 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-48, at 8:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-48 to 5-17 1948
and that I last saw her alive on 5-12 1948.

Immediate cause of death: Carcinoma metastases in liver and vertebrae — Duration
Due to: Carcinoma of breast 2yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 5-7-47
Major findings of operation: Carcinoma breast
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Richard C. Clay M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-13-48

G63182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G63182 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 Beech Ave.
(c) Hospital or institution: 13-06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Beech Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Elmer Bull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Nellie E. Bull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1876

8. AGE: Years	Months	Days	If less than one day
71	4	27	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Pennsylvania Railroad

FATHER
12. Name John T. Bull
13. Birthplace Md.

MOTHER
14. Maiden Name Ella S. Stifler
15. Birthplace Md.

16 (a) Informant John Bull
(b) Address 3406 Beech Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1948 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Rayville, Balto. Co., Md.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) [illegible] (Registrar) (b) Kensington, Montgomery Co., Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to 5-11 1948 and that I last saw h[illegible] alive on 5-11-1948

Immediate cause of death: Neoplasm Cardio-Vascular Renal Disease

Duration
7 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Fisher Jr. M.D.
Address 36 York Rd. Date signed 5/12/48

VS 150

X

G63183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G63183 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 Light St
(c) Hospital or institution:
22-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 1714 Light St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry A. Bergner

3 (b) If veteran, name war —
3 (c) Social Security Account No —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Adele Thomas
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1879

8. AGE: Years	Months	Days	If less than one day
69 68	3	3	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15 Birthplace

16 (a) Informant Carrey E. Mulrooney
(b) Address 16 E Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director John F Dempsey
(b) Address 1714 Light St.

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1948 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1-47 19 to 5-11-48 19 and that I last saw him alive on 5-11-48 19

Immediate cause of death	Duration
Terminal bronchopneumonia.	
Due to Generalized arteriosclerosis.	3-4 y.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature H. Langle M. D.
Address 642 Wash. Blvd Date signed 5-12-48

X

G63184

BALTIMORE CITY HEALTH DEPARTMENT

BC-695512 CERTIFICATE OF DEATH 107

Registered No. G63184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St. 23
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 4 1947

8. AGE: Years | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name EARL C. SCHULTZ
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name VIRGINIA DAVIS
15. Birthplace BALTIMORE, MD

16 (a) Informant MRS. VIRGINIA SCHULTZ
(b) Address 1019 PATAPSCO ST

17 (a) BURIAL (b) Date thereof 5 15 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST -30

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 5-12-48 19, and that I last saw him alive on 19

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gilbert M. Carnage M. D.
Address 6226 Everall Ave Date signed 5-12

VS 150

G63185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

477

Registered No. G63185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Federalsburg Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Clayton Summers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Gladys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1912

8. AGE: Years	Months	Days	If less than one day
35	8	29	hr. min.

9. Birthplace Queen Anns Co. MD.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harry S. Summers
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Maryland

16 (a) Informant University Hospital
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Federalsburg, MD.

18 (a) Funeral director J. J. Franklin & Son
(b) Address Federalsburg, MD

19 (a) MAY 13 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-48, 19..., at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1948, to May 13 1948, and that I last saw h— alive on May 3 1948.

Immediate cause of death	Duration
(a) Pulmonary Edema	
Cardiac Failure	
Due to (b) Carcinoma of Lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5-13-48

G63186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G63186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. Ann Street
(c) Hospital or institution: 2-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ignacy Glinka

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Karolina
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 22 1873

8. AGE: Years 74 75 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Glinka
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Karolina Glinka, Wife
(b) Address 123 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location German Hill Road

18 (a) Funeral director Mary A. Weber
(b) Address 401 S. Chester St

19 (a) MAY 13 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948 10.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1948, to May 10, 1948 and that I last saw h[illegible] alive on May 8 1948

Immediate cause of death Arteriosclerotic Cardiovascular disease with hypertension — Duration Probably for years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sigmund R. Nowak M.D. M. D.
Address 4085 Patt. Ph. Co. Date signed 5/12/48

VS 150

X

663187

BC-48-10476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. 663187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital 17-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 747 Geo. de St
George St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Cobb

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/11/48

8. AGE: Years | Months | Days | If less than one day: 10 hr. 33 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Marion Cobb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Bowen
15. Birthplace Baltimore, Md.

16 (a) Informant Catherine Cobb
(b) Address 747 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 3:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1948 to May 11 1948, and that I last saw him alive on May 11 1948

Immediate cause of death: Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Marion Odom, M. D.
Address 238 N. Carey St Date signed 5-11-48

VS 150

AZH G63188 G63188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 45824

Every item of information should be carefully supplied. The write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ (b) County (The Gables)
(c) City or town Abraham Tarporley (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ Cheshire England (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3 (a) FULL NAME Michael Marriott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-42

8. AGE: Years 5 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Francis Marriott
13. Birthplace England

MOTHER 14. Maiden Name Kathleen Hutchinson
15. Birthplace England

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/48 (month), (day), (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1700 Eutaw Place

19 (a) MAY 18 1948 (Date received by registrar) (b) Registrar

VS 153

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1948 at 1 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21- 1948 to 5-13 1948, and that I last saw him alive on 5-13 1948

Immediate cause of death	Duration
Respiratory Arrest	
Due to Cerebral thrombosis	
Due to	
Other Conditions Tetralogy of Fallot	

(Include pregnancy within 3 months of death)

Date of operation 4-22-48

Major findings of operation: Stenosis of pulmonary artery

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Blair Everett Batson M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-13-48

X

G63189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

G63189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Leggett alley (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Thomas (Thompson)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rachel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1903

8. AGE: Years 45 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Gardner

11. Industry or business

FATHER 12. Name Fred Thomas

13. Birthplace Md.

MOTHER 14. Maiden Name Henrietta ?

15. Birthplace Md

16 (a) Informant Rachel Thomas

(b) Address 334 - Dru. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Halsted

18 (a) Funeral director A. Liquid Steel

(b) Address 918 - Lemington for Williams, Mortician

19 5 13 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 11:35 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute gastro - enteros colitis

Acute dilatation of heart

Fatty liver

Cerebral congestion

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Homer Warren M.D. Medical Examiner.

Date signed 5-11-48

VS 151

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663190 663190

BALTIMORE CITY HEALTH DEPARTMENT

BC - 4P-12000 **CERTIFICATE OF DEATH** 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Newburg Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Roeder

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Roeder deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1872

8. AGE: Years 75 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Forchtenberg Germany (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Hettinger
13. Birthplace Germany

MOTHER
14. Maiden Name Christiana Schmid
15. Birthplace Germany

16 (a) Informant George F. Roeder
(b) Address 10 Melvin Ave. Catons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1948 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave. Balto

18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave. Caton

19 MAY 13 1948 (Date rec'd by Registrar) (b) Huntington Hill Cemetery, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1948 at 1404 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1948 to 5/11 1948 and that I last saw h[illegible] alive on 5/11 1948

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh A. Wells
Address St Agnes Hosp Date signed 5/12/48 M. D.

G63191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G63191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Casey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wd.

6 (b) Name of husband or wife Late Francis O. Casey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1870

8. AGE: Years	Months	Days	If less than one day
77	7	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Collins
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cummings
15. Birthplace Ireland

16 (a) Informant Gill Hall 1631 E. North Ave
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 48 (month) (day) (year)

(c) Cemetery or crematory NEW CATHEDRAL
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Wittstadt
(b) Address 4101 E. Monument Ave

19 MAY 13 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to May 11 1948 that I last saw her alive on May 10 1948.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall

Address 1631 E North Av Date signed 5/11/48 M. D.

663192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47F

Registered No. 663192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Cite the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Caton & Wilkens

(c) Hospital or institution: St. Agnes Hosp. 7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County U.S.A.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1002 Haverhill Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mrs. Charles Hale

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-07-7272?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/14/1881

8. AGE: Years	Months	Days	If less than one day
66 67	8	30	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER — 12. Name Thomas Hale (Dec.)

13. Birthplace Md.

MOTHER — 14. Maiden Name Rose Smith (Dec.)

15. Birthplace Md.

16 (a) Informant Nellie M. Cohen

(b) Address 1002 Haverhill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director George L. Ehrhart

(b) Address 2101 Frederick Avenue

19 (c) 5-14-1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/48 19 , at 7:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1948 to 5/12 1948 and that I last saw him alive on 5/12 1948.

Immediate cause of death	Duration
Mediastinal & Cervical Carcinoma	
Due to	
Due to Constriction Pulmonary Artery by Ca not	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. L. Grotts M. D.

Address St. Agnes Hosp. Date signed 12 May 48

63193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

✓ 63193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Devine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1877

8. AGE: Years	Months	Days	If less than one day
70	7	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Michael Devine

13. Birthplace

MOTHER 14. Maiden Name Hannah Cummings

15. Birthplace

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1948 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Bela Wiedefeld

(b) Address 900 Biddle St

MAY 14 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1948, to May 12 1948, and that I last saw h.. alive on May 11 1948.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Chronic Myocarditis	5 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.

Address 1631 E North Ave Date signed 5/13/48

X

G63194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G63194

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bethesda Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED.
(a) State District of Columbia (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 233½ R St N.E. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Doll

3 (b) If veteran, name war: Two
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Lottie Ewing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1888

8. AGE: Years 60 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation B & O Accountant Trans.

11. Industry or business

FATHER
12. Name William H. Doll
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Thomas
15. Birthplace Md

16 (a) Informant Mrs Richard Doll
(b) Address 233½ R St N.E. Wash D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1948 (month) (day) (year)
(c) Cemetery or crematory
Location Brunswick Md.

18 (a) Funeral director C. H. Fuller & Bro
(b) Address Brunswick Md.

MAY 14 1948 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 May 1948, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1948, to 13 May 1948, and that I last saw h.. alive on 13 May 1948.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Generalized Carcinomatosis Carcinoma	
Due to Ca. ? Bladder	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan 1948
Major findings of operation: Ca. ? Bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Lerman M.D.
Address Same Hospital Date signed 13 May 48

VS 150

G63195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. G63195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles St.
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3375 S. Robinson St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E. Haufert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	W. Dowed.

6 (b) Name of husband or wife John —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 7, 1905

8. AGE: Years	Months	Days	If less than one day
42	11	5	hr. min.

9. Birthplace Spottsylvania, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name D. J. Profitt
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Massey
15. Birthplace Va.

16 (a) Informant James Haufert
(b) Address 337 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAY 14 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION 06

20. DATE OF DEATH May 12 1948 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1947 to May 12 1948 and that I last saw her alive on May 12 1948.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Intestinal Obstruction	
Due to Intestinal Adhesions	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation May 11, 1948
Major findings of operation: Intestinal obstruction — Adhesions
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Helen L. Farnsworth M. D.
Address 333 S. Robinson Date signed May 17 1948

VS 150

X

663196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663196

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5844 Bellona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5844 Bellona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** EDWARD DILLON McPARLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Minnie V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1862

8. AGE: Years 85 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace N. Y. City
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Silversmith

FATHER
12. Name (Unknown) Mc Parland
13. Birthplace Ireland

MOTHER
14. Maiden Name Eliza Diller
15. Birthplace Athaline Ireland

16 (a) Informant Norman D. Mc Parland
(b) Address 5844 Bellona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Presbyterian
Location Govans – Local

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 14 1948 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 11 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1933 to May 12 1948, and that I last saw him alive on May 9 1948.

Immediate cause of death	Duration
Arteriosclerotic Heart disease	10 yrs
Due to Senility.	10 yrs
Due to	
Other Conditions Prostatic Hypertrophy	5 yrs

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. S. Claiborne M.D.
Address 6 Monroe St Date signed May 12 1948

663197.

BALTIMORE CITY HEALTH DEPARTMENT ✓ 663197
Registered No.

CERTIFICATE OF DEATH 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Montpelier St
(c) Hospital or institution: 9th

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Montpelier St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Mullin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Thomas V. Mullin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 10th 1880

8. AGE: Years 68 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Patrick Powers
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary O'Gorman
15. Birthplace: Ireland

16 (a) Informant: Mary E. Mullin
(b) Address: 929 Montpelier St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/15/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~: Cathedral
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 127 St. Paul St.

19 Date received by Registrar: MAY 14 1948 (b) Registrar: Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12th 1948, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29-48 to 5-12-48
and that I last saw her alive on 5-10-48.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Samuel H. Lucas M.D.
Address: 5411 Pimlico Rd Date signed

663198

AB. 119455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8.32

663198 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3639 Reisterstown RD. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ~~Frank~~ Streeks W. FRANCIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mamie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 04 1881

8. AGE: Years	Months	Days	If less than one day
67	2	23	hr. min.

9. Birthplace ? Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Frederick T. Streeks

FATHER

12. Name ? Chas. T. Streeks

13. Birthplace ? Washington D.C.

MOTHER

14. Maiden Name ? Mary A. Burk

15. Birthplace ? Ireland

16 (a) Informant Frederick T. Streeks

(b) Address 3627 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location " Md.

18 (a) Funeral director William Cook Inc.

(b) Address 127 St. Paul St.

19 (a) MAY 4 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-48 1948 at 8.15PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-1948, to 5-7-1948, and that I last saw him alive on 5-7-1948.

Immediate cause of death	Duration
Malnutrition	
Due to	
Due to	
	over
Other Conditions Uremia	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: None done	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. R. Kerbaugh M.D.

Address Balto. City Hosp. Date signed 5-13-48 M. D.

G63199JL - 30846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Ridgecroft Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maryanna [illegible] Miskiel

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-8846

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1889

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name Nicholas Paoku
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Jadwiga Kulbicka
(b) Address 127 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Polish National
Location Kirkman Hill Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 MAY 14 1948 (Date rec'd by registrar) Registrar

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1938, to May 12 1948, and that I last saw her alive on May 12 1948.

Immediate cause of death	Duration
Cerebrovascular Accident	10 yrs
with recent extension	3 days
Due to Hypertensive Cardio-Vascular Disease	10 yrs
Due to	
Other Conditions Obesity Pulmonary Emphysema (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hospitals Date signed 5-12-48

X

663200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35

Registered No. 663200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanford Rd + Fleming Ran
(c) Hospital or institution: SYDENHAM HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town MILLERSVILLE, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JANET ANDERCYK

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-9-41

8. AGE: Years	Months	Days	If less than one day
6	5	3	hr. min.

9. Birthplace BALTO BALTO MARYLAND
(Town, county, and state)
10. Usual Occupation CHILD
11. Industry or business —

FATHER
12. Name Walter Andercyk
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Ruth Rover
15 Birthplace CASCADE Md

16 (a) Informant RUTH ROVER ANDERCYK
(b) Address MILLERSVILLE, MARYLAND

17 (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

19 MAY 14 1948 (Millersville, Md)
(Date rec'd by registrar) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 May 1948, at 5-30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8 May 1948 to 12 May 1948 and that I last saw her alive on 12 MAY 1948

Immediate cause of death	Duration
PNEUMONIA	3 days
Due to DIAPHRAGMATIC PARALYSIS	3 days
Due to MEASLES MENINGO ENCEPHALITIS	12 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-9-48
Major findings of operation: TRACHEOTOMY
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Philip Bruce M. D.
Address Sydenham Hosp Date signed 5-12-48

063201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30D

Registered No. 063601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RUR and give town)
(d) Street No. 1810 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcus Ostrow (M.D.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
77				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Physician- X-Ray

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto St

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl

MAY 14 1948 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1948, to May 12 1948, and that I last saw h[illegible] alive on May 12 1948.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to Rupture of Aneurysm of Anterior Communicating	
Due to artery	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) JEROME K. DORKIN
(e) Means of injury

23. Signature Jerome K Dorkin M. D.
Address Sinai Hospital Date signed 5/12/48

G63202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125a

Registered No. G63202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Stricker St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Laverne Darisson

3 (b) If veteran, name war

3 (c) Social Security Account No. 138-03-7112

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Norma

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 6-19-06

8. AGE: Years 41 | Months 10 | Days 22 | If less than one day .....hr. .....min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER 12. Name George Darisson
13. Birthplace Ohio

MOTHER 14. Maiden Name Mary Wells
15. Birthplace Dell

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 14 48 (month) (day) (year)
(c) Cemetery or crematory MT OLIVET
Location FREDERICK AVE

18 (a) Funeral director Harry A. O'Tyle
(b) Address 4101 Edmondson Ave

19 (a) MAY 14 1948 (b) Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7-1948 to 5-11-1948 and that I last saw h[illegible] alive on 5-11-1948.

	Duration
Immediate cause of death: Potassium Poisoning	
Due to: Uremia	
Due to: Anuria with Acute Yellow atrophy of the Liver	
Other Conditions: Chronic Alcoholism	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy: Small Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....(Specify type of place)
(e) Means of injury.....

23. Signature Sherman Mc Millinkoff M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/12/48

G63203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G63203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 North Rosedale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 North Rosedale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY (HALR) A HOER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband ~~or wife~~ AUGUST E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 5, 1884

8. AGE: Years 64 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace GERMANY (Town, County, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name — PETRI

13. Birthplace Germany

MOTHER 14. Maiden Name —

15. Birthplace Germany

16 (a) Informant MR AUGUST E HOER

(b) Address 2 N ROSEDALE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 14 '48 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location 3801 FREDERICK AVE

18 (a) Funeral director Harry A Litzke

(b) Address 4401 Edmondson Ave

19 MAY 14 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/48 19 -, at 5:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating gas

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/11/48 at 4 P.M.
(b) Where did injury occur? 2 N Rosedale
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Illuminating gas burner

23. Signature John R Weis M.D.
Medical Examiner.
Date signed 5/12/48

G63204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33-6 Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9days
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Hartford
(c) City or town Bel Air. (If outside city or town limits, write RURAL and give town)
(d) Street No. Emmerton Road (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country British

3.(a) FULL NAME Mr. Richard S. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 271-10-2369

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife. Alice Mary Taylor
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) June 16, 1880

8. AGE: Years	Months	Days	If less than one day
67 6	11 10	24 27	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation engineer
11. Industry or business

FATHER
12. Name Charles F. Taylor
13. Birthplace England

MOTHER
14. Maiden Name Mary Anne Asphinshaw
15 Birthplace England

16 (a) Informant Mrs. Alice Mary Taylor
(b) Address Emmerton Road, Bel Air, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Lakeview
Location Cleveland, Ohio

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Rd.

19 MAY 14 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948 at 11:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1948 to May 13 1948 and that I last saw h.im alive on May 13 1948.

Immediate cause of death	Duration
(a) Coronary occlusion	1 hr.
Due to (b) repeated myocardial infarction	6 years
Due to (c)	
Other Conditions Arteriosclerotic heart disease. left inguinal hernia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Coronary occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 5/13/48

G63205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G63205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
1400 N. Caroline Street
G. Hosp'l Hosp't
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 S. Ellwood Avenue
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James Richard Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/1870

8. AGE: Years 77 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Elkton, Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Alford J.Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Louis L.Smith
(b) Address 608 S.Robinson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Avenue Ext.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S.Wolfe St.

19 (a) MAY 14 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2/ 1948, to 5/13/ 1948, and that I last saw him alive on 5/13/ 1948

Immediate cause of death	Duration
CEREBRAL VASCULAR ACCIDENT	
Due to CEREBRAL ARTERY SCLEROSIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E May M.D.
Address 1400 N. Caroline St Date signed 5/13/48

VS 150

X

663206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115c

Registered No. 663206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Lakewood Ave.
(c) Hospital or institution:
None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Lakewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel [redacted] Wrightson

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.: ?

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/10/1888

8. AGE: Years 59 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business -

FATHER
12. Name Samuel Wrightson Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Appl
15. Birthplace Maryland

16 (a) Informant Florence Branneck sister
(b) Address 411 North Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore,
Location North Avenue

18 (a) Funeral director Lilly & Zeiler Inc.,
(b) Address 403 South Wolfe Street

19 MAY 14 1948 (Huntington Williams M.D.)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 1:30 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerosis with hypertension

Due to

Other Conditions Chronic Tonsilitis.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 5-13-48

VS 151

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly

663207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 108617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1068 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1068 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race C

6 (a) Single, married, widowed, or divorced widower

6 (b) Name of husband or wife Katie D. Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1876

8. AGE: Years 71 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Fred Moore.
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Robinson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emma Baton.
(b) Address 1035 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAY 14 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1948 at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 5/12 1948 and that I last saw h[illegible] alive on 5/12 1948

Immediate cause of death
Cerebral apoplexy
Due to Paralysis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 3132 W. Pratt Date signed 5/16/48

G63208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine ROBSSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John H. Robsson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1883

8. AGE: Years 65 Months 7m Days If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Laura Wheltle
(b) Address 2215 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-15-1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn & Flannigan
(b) Address 1426 Light St.

19 (a) MAY 14 1948 **(b)** Date received by Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 11:00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection and Ing. thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions Adenoma of thyroid.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George C. Merrill M.D.
Medical Examiner.
Date signed 5/13/48

G63209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G63209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 E LANVALE St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 E. LANVALE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian E. Butterworth

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Thomas Butterworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8/28/1884

8. AGE: Years	Months	Days	If less than one day
63	8	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Fager
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lillian Gillenwater
15. Birthplace Balto. Md.

16 (a) Informant Thomas Butterworth
(b) Address 1602 E. Lanvale St.

17 (a) Burial (b) Date thereof 6/16/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director Wm. J. Tiellow Sons
(b) Address Baltimore 1 Md.

19 (a) MAY 14 1948 (b) Huntington Williams Mgr.
(Date rec'd by registrar) Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/48 19 , at 7:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/8/48 19 to 5/12/48 19 , and that I last saw h[illegible] alive on 5/12/48 19 .

Immediate cause of death uremia.

Due to Chronic glomerulitis

Due to

Other Conditions ? Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. M. Fowler M.D.
Address Druid Park Date signed 5/13/48

X

63210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 E. 34th St.
(c) Hospital or institution: ABOVE ADDRESS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 YRS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 E. 34th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** CLARA ESTELLE BRUCE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife DAVID C. BRUCE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 13, 1885

8. AGE: Years 62 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace BALTO. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name FREDERICK MILLER
13. Birthplace PHILA. PA.

MOTHER
14. Maiden Name MARGARET SCHAFFER
15 Birthplace GERMANY

16 (a) Informant MR. DAVID BRUCE
(b) Address 805 E. 34th ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)

(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MD.

18 (a) Funeral director WM. J. TICKNER & SON
(b) Address BALTO., MD.

19 (a) MAY 14 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1948, at HISAM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1935 to May 13 1948 and that I last saw h alive on May 13 1948.

	Duration
Immediate cause of death Myocardial Failure & Pulmonary Edema	Immediate
Due to Chr. Myocarditis	10 yrs +
Due to	
Other Conditions Coronary Insufficiency 10 yrs. 2 attacks Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathaniel M. Black M. D.
Address 100 E 23rd St Date signed May 15 48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

Registered No. G63211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 E 32nd St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 E 32nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** David Albert League

3 (b) If veteran, name war None

3 (c) Social Security Account No. 717-07-7644

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Iona May League

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov 19 1884

8. AGE: Years 63 | Months 5 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Penn. R.R.

FATHER
12. Name James Albert League
13. Birthplace Balto County, Md.

MOTHER
14. Maiden Name Mary Jane Connelly
15. Birthplace Balto County, Md.

16 (a) Informant Mr. Ervin 2461
(b) Address 1827 E 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Cem.
Location Balto. Md.

18 (a) Funeral director Wm. O. Tuckner Son
(b) Address Balto, Md.

19 (a) MAY 14 1948 (Date rec'd by registrar) Washington Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 May 1948; at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 13 March 1948, to 12 May 1948.
And that I last saw h. alive on 12 May 1948.

	Duration
Immediate cause of death Bulbar Palsy.	6 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Coleman M. D.
Address 5607 Harford Rd. Date signed 12 May 48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓113

Registered No. G63212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1150 Hull St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Margaret Pearce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: George E Pearce

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 9, 1882

8. AGE: Years 65 66 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rodger Owens
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret McMahon
15. Birthplace Ireland

16 (a) Informant Herbert J. Pearce
(b) Address 1150 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Charles L. Bell
(b) Address 1501 E. Fort Ave.

19 (a) MAY 14 1948 (b) Huntington, West Virginia
Where received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-48 19 , at 1.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22- 1948 to 5-11 1948 and that I last saw h alive on 5-11 19 48

Immediate cause of death Acute cardiac failure & Intestinal emphysema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert Carouge M. D.
Address 6226 Excell Ave Date signed 5-11-48

VS 150

X Carouge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 518

Registered No. 66213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME William Henry Pollheim (Pollheim)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Addie E. (nee Duling)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1883

8. AGE: Years 64 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Swift & Co.

FATHER
12. Name Wm. H. Pollheim
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Tenner
15. Birthplace Germany

16 (a) Informant Mrs. Addie E. Pollheim
(b) Address 1122 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Mitchell
(b) Address 4101 E. Monumental Ave

19. MAY 14 1948 (Date rec'd by registrar) Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1948 at 4:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1948 to 5-12 1948, and that I last saw him alive on 5-12 1948

Immediate cause of death UREMIA — Duration

Due to NON-FUNCTIONING RT. KIDNEY
LEFT PYONEPHROSIS

Due to CARCINOMA OF PROSTATE WITH LOCAL RECURRENCE — 5 YRS.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lerman M. D.
Address Sinai Hospital Date signed 5-13-48.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94a

Registered No. G63214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: West Balto. Gen'l. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.1.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City, or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Whitmore Ave. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME James F. Shook

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-01-4745

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife NEVA I (JENKINS)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 47 | Months | Days | If less than one day .....hr. .....min.

9. Birthplace NORTH CAROLINA (Town, county, and state)

10. Usual Occupation CARPENTER - FOREMAN

11. Industry or business ARUNDEL CORPORATION

FATHER
12. Name U A SHOOK
13. Birthplace N. C.

MOTHER
14. Maiden Name LUCY KELLY
15. Birthplace ?

16 (a) Informant Mr JAMES F SHOOK JR
(b) Address VFSF College Pk, Md

17 (a) REMOVAL BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 14'48 (month) (day) (year)
(c) Cemetery or crematory SALEM
Location WINSTON SALEM - NORTH CAROLINA

18 (a) Funeral director Henry H Withee
(b) Address 4101 Edmondson Ave

19 (a) MAY 14 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 2:10 A. M.

21. I certify that I took charge of the remains described above, held an Insp. Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease.

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature George F. Merrill M.D. Medical Examiner.
Date signed 5/13/48

663215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. 663215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4124 Marx Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4124 Marx Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Albert M. Pramschufer Sr.

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wilhelmina Pramschufer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1860

8. AGE: Years 88 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation ---

11. Industry or business

FATHER
12. Name Ferdinand Pramschufer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant F. W. Pramschufer
(b) Address 4802 Calumet Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) MAY 14 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V S. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11/48 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1948 to May 11 1948, and that I last saw h[illegible] alive on May 9 1948.

Immediate cause of death: Myocardial failure
Duration: 2 mo.
Due to: Myocarditis
Due to: Senility
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. S. Hartzler M. D.
Address 380 S. Belnord Ave Date signed 5/12/48

G63216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G63216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Milford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Milford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Conrad Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ella Tanner

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 2 1872

8. AGE: Years 75 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Thomas Miller

13. Birthplace Virginia

MOTHER 14. Maiden Name Columbus

15. Birthplace Virginia

16 (a) Informant Mrs Ella Miller

(b) Address 3404 Milford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn, Md

18 (a) Funeral director John F Denny Inc

(b) Address 1415 Light St

19 (a) Date received by (Registrar) MAY 14 1948 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 to May 12 1948

and that I last saw h— alive on May 11 1948

Immediate cause of death Coronary Thrombosis — 2 hrs.

Due to Chronic Myocarditis — 3 y.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W B Larson M. D.

Address 1711 Selma Ave Date signed 5/14

G63217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 9-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Caramdl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles M. Kirkley

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-05-9665

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1888

8. AGE: Years 60 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Retired Guard

11. Industry or business Bendix Corp

FATHER
12. Name Edward T. Kirkley
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Johnnie Reese
15. Birthplace Balto., Md

16 (a) Informant Rev. E.T. Kirkley
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Balto Co. Md

18 (a) Funeral director Wm. J. Trickett & Sons
(b) Address Balto. Md

19 MAY 14 1948 (Date rec'd by registrar) (b) Huntington Williams, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 May 1948, at 12:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Two death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease

Due to

Other Conditions Chronic Nephritis, Diabetes Mellitus, Inactive Pulmonary Tuberculosis (Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Wm H Kammer Jr M.D. Medical Examiner.
Date signed 14 May 1948

VS 151

939

663218

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 186a

Registered No. 663218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33d
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Augsburger Home Campfield Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Magdalena (Lena) Wesch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-71

8. AGE: Years	Months	Days	If less than one day
76	4	17	hr. min.

9. Birthplace Edenkoben, Germany
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Philip Jacob Wesch
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Bessauer
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (b) Date thereof 5/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Joseph Gawler & Sons
(b) Address 1750 Penna Ave. "ashington D.C.

19 (a) MAY 14 1948 Date received by registrar Huntington Williams M.D. Registrar

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1948 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1948 to 5-13 1948 and that I last saw her alive on 5-13 1948

Immediate cause of death Cardiac failure — Duration

Due to Cerebral embolism 1 day

Due to Generalized Arteriosclerosis - ?

Other Conditions Fracture Dislt.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, homicide~~
(b) Date of occurrence 5-10-48 at 10 P.M.
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Fell off stool and fell to floor

23. Signature [illegible] M. D.
Address [illegible] Date signed 5-13-48

063219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164E

Registered No. 063219

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Felix Philip Drzewiecki (FELIX DRZEWIECKI)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JANUARY 23, 1903

8. AGE: Years	Months	Days	If less than one day
45	3	20	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name GEORGE DRZEWIECKI
13. Birthplace POLAND

MOTHER
14. Maiden Name VICTORIA WOJCZAK
15. Birthplace POLAND

16 (a) Informan: MR. ANTHONY DRZEWIECKI
(b) Address 15 S. CURLEY STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location MT. CARMEL ROAD

18 (a) Funeral director M. F. SADOWSKI & SONS
(b) Address 1808 EASTERN AVENUE

19 (a) MAY 14 1948 Received by Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948 at 9:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Dislocation of 6th cervical vert.; fract. of 10th, 11th thoracic vert.; acute dilitation of heart with congestive

Due to failure; cong. & edema of lungs; edema of brain, fracture of rt. femur, neck; contussions and brush burns

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-5-48 at 5:15 P.M.
(b) Where did injury occur? 2011 Fleet St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped from 3rd floor window to ground

23. Signature Howard J. Wallis M.D. Medical Examiner.
Date signed 5-13-48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G63220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) ~~Hospital~~ or institution: Home for the Aged Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Reed

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	21	hr. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Alex. Reed
13. Birthplace

MOTHER
14. Maiden Name Mary Harken
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (b) Date thereof May 15, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 (a) MAY 14 1948 (b) Interment for Williamsport Md
Must read by

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1948 to May 13 1948, and that I last saw him alive on May 13 1948.

Immediate cause of death	Duration
Carcinoma Stomach	5 mo
Due to	
Due to Metastasis in Lungs	1 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M D M. D.
Address 163 E North Ave Date signed 5/13/48

G63221 No Last ever Issued

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63221

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223-S. Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223- S. Loudon Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Wellman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: MALE | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Cora - M -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 12 - 20 - 1874

8. AGE: Years 75 | Months 4 | Days 23 3/4 | If less than one day hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)

10. Usual Occupation FOREMAN

11. Industry or business B.V.D.-Erlanger Co.

FATHER
12. Name William Wellman
13. Birthplace Maryland

MOTHER
14. Maiden Name Angelina Hiss
15. Birthplace Maryland

16 (a) Informant Mrs. Cora - M - Wellman
(b) Address 223 - S. Loudon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 17 - 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director E. B. Wippert & Son
(b) Address 1300 Eutaw Place - 17

19 (a) May 14 1948 (Date rec'd by local reg.) Huntington Williams, M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH May - 13 - 1948, at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1948 to May 13 1948 and that I last saw h. alive on May 13 1948.

Immediate cause of death Coronary Occlusion — Duration 1 Hour

Due to Cardio - Vascular Disease & Hypertension — 6 Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson

Address 3032 Druid Park Ave. Date signed 5/14/48

VS-150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. 663222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Boston St.
(c) Hospital or institution: Balto City Jail Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hunter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1906
8. AGE: Years 42 43 Months Days If less than one day hr. min.
9. Birthplace W Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace

16 (a) Informant George Rickabaugh
(b) Address 1363 N Forbes St
17. Burial (Burial, cremation, or removal) (b) Date thereof 5/14/48 (month) (day) (year)
(c) Cemetery or crematory Clarksburg
Location Clarksburg W Va
18 (a) Funeral director Tilhom Funeral Home
(b) Address 1219 Eastern Ave
19. MAY 14 1948 Date rec'd by registrar Huntington W Virginia

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/ 1948, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/ 1948 to 5/9/ 1948, and that I last saw he alive on 5/9/ 1948

	Duration
Immediate cause of death: Myocardial Insufficiency	1½ hrs
Due to: Acute Alcoholism	4 days
Due to: Myocarditis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICI
Underlin cause to wh death should charged statis tically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F. Waite
Address Balto City Jail Date signed 5/11/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B

Registered No. 663223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Jamsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Sheets

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise Crabell

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 2-27-97

8. AGE: Years 51 | Months 2 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER — 12. Name George Sheets
13. Birthplace Md

MOTHER — 14. Maiden Name Ella Coxell
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (month) (day) (year)

(c) Cemetery or crematory Montgomery Chapel Cem
Location Clagettsville Md

18 (a) Funeral director M. R. Eichner & Son
(b) Address Frederick, Md.

19 (Date received by local registrar) MAY 14 1948 Huntington Williams, M.D. Registrar

MAY 15 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1948 to 5/14 1948 and that I last saw him alive on 5/14 1948.

Immediate cause of death: Cardiac failure

Due to: Cause undetermined

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address JOHNS HOPKINS HOSP... Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Braddish Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Braddish Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Holoday V. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1892

8. AGE: Years 56 | Months 0 | Days 12 | If less than one day: hr. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business

FATHER 12. Name Thomas N. Murphy
13. Birthplace Md

MOTHER 14. Maiden Name Carrie B. Arnold
15. Birthplace Md.

16 (a) Informant Mrs. Lora B. Murphy
(b) Address 1802 Braddish Ave

17 (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bethesda
Location Carroll Co. Md.

18 (a) Funeral director C. M. Waltz
(b) Address Westminster Md

19 (a) MAY 14 1948 Westminster Md
(Date rec'd by registrar) Registrar

VS 15 MAY 15 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/48, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1947 to 5/11 1948.
and that I last saw h[illegible] alive on 5/11 1948

Immediate cause of death: Coronary Occlusion — Duration 6 Hrs
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. P. Magruder M.D.
Address 33 W Madison St Date signed 5/12/48

G63225 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G63225

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Pittsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Mackenaw Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Moravec

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7-22-41

8. AGE: Years 6 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Moravec
13. Birthplace Pa

MOTHER 14. Maiden Name Mabel Townsend
15. Birthplace Pa

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 48 (month) (day) (year)
(c) Cemetery or crematory Pittsburg Pa
Location

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 [illegible]

19 (a) [illegible] (b) Registrar

vs MAY 15 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1948, to 5/14 1948, and that I last saw him alive on 5/14 1948

Immediate cause of death: Respiratory Arrest — Duration:
Due to: Operation for pulmonic stenosis
Due to:
Other Conditions: Laryngitis, irritative
(Include pregnancy within 3 months of death)
Date of operation 5-13-48
Major findings of operation: Stenosis of pulmonary artery
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Blair Everett Barker M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-14-48

X

663226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Mount Rainer (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 28th Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paulina KLENKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry H. Klenke

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1893

8. AGE: Years 54 55 | Months 5 | Days 20 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Mr. Lehre
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Henry Klenke
(b) Address: 4300 28th Pl., Mt. Rainier, Md

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 13, 1948 (month) (day) (year)
(c) Cemetery or crematory: Fort Lincoln
Location: Wash., Baltimore Blvd., D.C. Line & Md.

18 (a) Funeral director: Wm. J. Halley
(b) Address: 3200 R.I. Ave., Mt. Rainier, Md

19 (a) May 12 1948 (Date received by Registrar) (b) Mrs. Lee Sevell Registrar
MAY 13 1948 Hyattsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1948, at 8:35 a. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Crushed chest.
Fractured left femur.
Due to: Fractured nose
Subarachnoid hemorrhage
Other Conditions: Laceration of left leg.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 10, 48 at 7:00 a. M.
(b) Where did injury occur? Washington Blvd. & Everidge
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury: Auto Accident

23. Signature: George L. Merrill M.D. Medical Examiner.
Date signed 5/10/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. 663227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Mayfield av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Mayfield av (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine M. Murphy.

3 (b) If veteran, name war —
3 (c) Social Security Account No. — NONE

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 18, 1890
8. AGE: Years 57 Months 5 Days 13 Or less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Louis Schultz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Kate Schmidt
15. Birthplace Baltimore

16 (a) Informant Jerome Murphy.
(b) Address 2816 Mayfield av.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 48 (month) (day) (year)
(c) Cemetery or crematory Pikesland Park Cemetery
Location Taylor av
18 (a) Funeral director S. Walter Tracy
(b) Address 6 East Baldwin St.
19 (a) MAY 15 1948 (Date rec'd by registrar) (b) Emerson Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948 at 2.05 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19 , to 13 May 1948 and that I last saw h[illegible] alive on 5 May 19 48.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hour
Due to Hypertension	6 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William L. Fleming M. D.
Address 3025 Belvi Road Date signed 5-14-48

VS 3

663228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. 663228

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 72.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside limits of Baltimore RURAL and give town)
(d) Street No. 1 E. 54 ST (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Bradley Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 28, 1883

8. AGE: Years 65 | Months 2 | Days 2/16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Bradley Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Ann Shaw Tiffany
15. Birthplace Massachusetts

16 (a) Informant Miss Beatrice Jones
(b) Address 5522 Conn. Ave. NW. Wash. D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 15/48 (month) (day) (year)
(c) Cemetery Petersburg
Location Petersburg Va

18 (a) Funeral director Henry W. Jenkins & Sons Co
(b) Address McCulloh & Richardson Huntington & Williams, Mgrs

19 (a) MAY 15 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1948, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1948 to 5/14 1948 and that I last saw h[im] alive on 5/13 1948.

Immediate cause of death Cardiac failure — Duration

Due to Myocardial infficiency

Due to

Other Conditions Tuberculosis, pulm. Osteomyelitis of L. femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lucy M. Fox
Address Union Memorial Hospital Date signed M. D. 5/14/48

93E

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1042

63229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Laurens St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Moragne-El, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3/48

8. AGE: Years	Months	Days	If less than one day
	2	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Edward Moragne-El, Sr.
13. Birthplace N. J.

MOTHER
14. Maiden Name Geneva Wynn
15. Birthplace N. J.

16 (a) Informant Edward Moragne-El Sr.
(b) Address 1834 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St.

19 MAY 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Uremia Pyelonephritis Infection

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed May 14, 1948

VS 151

48-BC-48-01230

663230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1119a

Registered No. 663230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town write RURAL and give town)
(d) Street No. 1323 Stockton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brenda DeGrafenreid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1/15/1948

8. AGE: Years | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Sidney DeGrafereid
13. Birthplace S. C.

MOTHER
14. Maiden Name Marie Washington
15. Birthplace S. C.

16 (a) Informant Sidney DeGrafenreid
(b) Address 1323 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo, G. Kelson
(b) Address 1303 Pressman St.

19 MAY 15 1948 (b) (Date rec'd by registrar) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13/48 19 , at 1 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13/48 19 to 5/13/48, and that I last saw h alive on 5/13/48

Immediate cause of death Acidosis — Duration

Due to Diabetes

Due to

Other Conditions Pt had autopsy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank E Bramback M. D.

Address University Hosp Date signed 5/13/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 130

G63231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BEVERAGE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3610 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Roland Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Laura Elizabeth Krout

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Millard B. Krout

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1873

8. AGE: Years 74 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name Samuel Bottinger

FATHER — 13. Birthplace Maryland

MOTHER — 14. Maiden Name Sarah Hare

MOTHER — 15 Birthplace Maryland

16 (a) Informant Leroy A. Krout

(b) Address 3537 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1948 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home

(b) Address 3621 Falls Road

19 MAY 15 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 9:37 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13 1948 to May 13 1948 and that I last saw him alive on May 11 1948

Immediate cause of death: Congestive Heart Failure

Due to: Arteriosclerotic C.V. Dis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward H. Flamm M. D.

Address 4017 Falls Rd Date signed 5/14/48

G63232 BC-48-05-823 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

Registered No. G63232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2980 Yorkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Papa, Jr. ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) May. 4-1948

8. AGE: Years	Months	Days	If less than one day
	2	9	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Infant - Child
11. Industry or business

FATHER
12. Name Joseph a Papa Jr
13. Birthplace Italy

MOTHER
14. Maiden Name Anne Mochinal
15. Birthplace New York

16 (a) Informant Joseph a Papa Jr
(b) Address 2980 Yorkway

17 (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md

18 (a) Funeral director Geo F. Beyer Jr
(b) Address 1512 Hollins St

19 MAY 15 1948 (b) Huntington Hillmann, Md
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 5 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1948, to May 13, 1948, and that I last saw h[illegible] alive on May 13, 1948

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Anuplasia congenital
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley A. Steinberg
Address Sinai Hospital Date signed 5/13/48

X

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G63233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5833 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore-
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5833 York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Lloyd Le Compte Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie Meushaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 27, 1885

8. AGE: Years 62 | Months 5 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Sales Repesentative

11. Industry or business

FATHER
12. Name Edward Lloyd Le Compte
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Katherine Ruhland
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Bessie M. LeCompte
(b) Address 5833 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1900 Eutaw Place

19 (Date rec'd by Registrar) MAY 15 1948 (Signature of Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1948, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1947 to May 14 1948 and that I last saw him alive on May 13 1948

Immediate cause of death	Duration
Mesenteric thrombosis	3 days.
Due to Hypertensive Cardiovascular Renal disease	3 yrs.
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. S. Clarfeld M. D.
Address 6210 York Road Date signed May 14 1948

X

PARLETT

G63234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Blanche Cromwell Parlett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1873

8. AGE: Years 74 | Months 4 | Days 21 | If less than one day 22 hr. min.

9. Birthplace Balto., MD (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Wm O. Parlett

13. Birthplace Balto.

MOTHER 14. Maiden Name Harriett Slaughter

15. Birthplace Phila., Pa.

16-(a) Informant Mr. Oliver Fiedlick

(b) Address 837 N. Chapel Gate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto., MD

18 (a) Funeral director Wm J. Tichner & Son

(b) Address Balto 2nd,

19 (a) MAY 15 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1948; at 10 51 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938 to MAY 12 1948, and that I last saw her alive on MAY 12 1948

Immediate cause of death	Duration
HYPERTENSIVE CARDIO-VASCULAR DISEASE	15 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas R. Kleeman M. D.

Address 3803 Edmondson Ave Date signed 5/14/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~63235~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered ~~63235~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 S. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN JYLHA

3 (b) If veteran, name war: none

3 (c) Social Security Account No.:

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Mary Jylha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1884

8. AGE: Years 63 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Finland (Town, county, and state)

10. Usual Occupation Steelworker

11. Industry or business Bethlehem Steel Corp.

FATHER
12. Name Elias Jylha
13. Birthplace Finland

MOTHER
14. Maiden Name Mariaanna
15. Birthplace Finland

16 (a) Informant Mr. Karl Leino
(b) Address 711 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 15 1948 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1948 to 5-13 1948, and that I last saw him alive on 5/13 1948

Immediate cause of death	Duration
Acute Cardiac Collapse	1 da
Due to Obstruction of Prostate, ~ Nephrolithiasis	2 yrs
Due to Chronic Myocarditis	yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph G. Carcaci, M.D.
Address 6 W. Washington St. Date signed 5/15/48

VS 150

663236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

663236
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Collet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife James Williams

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years	Months	Days	If less than one day
21			by min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Walter Brooks
13. Birthplace St Marys Co. Md

MOTHER
14. Maiden Name Stella Brooks
15. Birthplace St Marys Co. Md

16 (a) Informant Stella Wilson
(b) Address 609 Collet St

17 (a) Burial (b) Date thereof May 17-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn, Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ave

19 (a) MAY 15 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1948 at 4 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hemorrhage due to stab wound 2 week involving the
Due to Subclavian vein.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/12/48 at 3.28 a. M.
(b) Where did injury occur? 616 Collett St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Sharp Instrument

23. Signature Howard J. Moreau M.D.
Medical Examiner.
Date signed 5/11/48

VS 151

X

G63237
AB-119612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. G63237

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (Rural) Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 334- Rt-16
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James DeMines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18- 1900

8. AGE: Years	Months	Days	If less than one day
47	9	26	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name William DeMines
13. Birthplace Md.

MOTHER
14. Maiden Name Clementine Brown
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1948 (month) (day) (year)
(c) Cemetery or crematory St Stevens Cem.
Location Govt Md.
18 (a) Funeral director Elroy O. Wilson
(b) Address 4000 Bhantly ave
19 (a) MAY 15 1948 Washington Hdkrs, Md. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13- 1948 at 9.27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11- 1948 to 5-13- 1948, and that I last saw h im alive on 5-13- 1948.

Immediate cause of death	Duration
Hemoptysis	
Due to pulmonary tuberculosis	
Due to	
Other Conditions Rheumatic Heart Disease	over
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: As above.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H Kirkendall M. D.
Address Balto City Hosp Date signed 13 May 48

VS 150

106 B

Mr. Edgar Williamson 3325 Frederick Ave 5-7-1947

663238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. 663238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3147 Leeds st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3147 Leeds st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Culp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ or wife: Anna M. Culp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, y 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Penna (Town, county and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name Unknown Culp
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Marie Rockel
(b) Address 3147 Leeds st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st

19 (a) MAY 15 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1948, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 1947 to May 13 1948
and that I last saw h[illegible] alive on May 2 1948

Immediate cause of death: Cardiac failure — Duration 2 hours
Due to: Cardiac hypertrophy — years
Due to: Generalized Arteriosclerosis
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Williamson M.D.
Address 3325 Frederick Ave Date signed 5/15/48

G63239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G63239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Rose St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Rose St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Bishop

3 (b) If veteran, name war: World War II.

3 (c) Social Security Account No. 218-03-4396

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Margaret Bishop

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1 - 1910

8. AGE: Years 37 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business George's Transfer Co.

FATHER
12. Name George Bishop
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary M. Goodman
15. Birthplace Ireland

16 (a) Informant Margaret Bishop
(b) Address 422 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-48 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) MY 15 1948 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1948, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26-46 19 , to 5-14- 1948, and that I last saw h alive on 5-14- 1948

Immediate cause of death	Duration
Bronchogenic Carcinoma	2 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. B. Nunes, M.D. M. D.

Address 448 N. Luzerne Ave. Date signed 5-14-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

63240 | Registered No. 63240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4701 No. Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4701 No. Charles Street (If rural give location)
(e) Citizen of foreign country? Nor (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Albana Hoye

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1876

8. AGE: Years	Months	Days	If less than one day
72	4	12	hr. min.

9. Birthplace Frostburg (City), Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Patrick Hoye
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Conroy
15. Birthplace Pennsylvania

16 (a) Informant Sr. M. Peter Fournier
(b) Address 4701 No. Charles St. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/48 (month) (day) (year)
(c) Cemetery or crematory Notre Dame of Md
Location N. Charles St

18 (a) Funeral director Geo. M. Fritz Son
(b) Address 811 N. Wolfe St

19 (a) MAY 15 1948 (Filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1948, to May 13 1948, and that I last saw her alive on May 13 1948.

Immediate cause of death	Duration
Adeno-Carcinoma	
Due to Ovary & Gen'l	
Due to Metastasis	
Other Conditions	

(Include pregnancy within three months of death)

Date of operation Feb 28, 48

Major findings of operation? None.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis L. Bagley M.D.
Address 1225 N. Calvert St Date signed 5/15/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. G63241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4254

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 - 1911

8. AGE: Years 36 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Savnah Georgia (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Fruit Business

FATHER
12. Name Unknown —
13. Birthplace Savnah Georgia

MOTHER
14. Maiden Name Annie Ingram —
15. Birthplace Savnah Georgia

16 (a) Informant Alveta Yates
(b) Address 613 S. Fremont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-15-48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Amty
Location Balto.

18 (a) Funeral director Walter B. Griggs
(b) Address 139 W. Lamburg Ave, Hunting Park Station, Balto, Md

MAY 15 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948, at 4:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Fractures skull

Due to

Other Conditions Intracranial Hemorrhage.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 22/2

(a) Date of injury 5-6-48 at 9:30 A.M.
(b) Where did injury occur? Camden & Howard Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? no
(d) Means of injury Blunt force

23. Signature Howard J. Weems M.D. Medical Examiner.

Date signed 5-8-48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G63242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 W. Rogers Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 W. Rogers Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kirson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1876

8. AGE: Years 71 | Months 9 | Days | If less than one day: hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Miller
13. Birthplace Lithuania

MOTHER
14. Maiden Name Jennie Robinson
15. Birthplace Lithuania

16 (a) Informant Mr. Harry Kirson,
(b) Address 5906 Pk. Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (month) (day) (year)
(c) Cemetery or crematory B'Nai Israel
Location Balto. Md.

18 (a) Funeral director Chas. Sonnheim & Son
(b) Address 1902 Eastern Ave Balto.

19 (a) MAY 15 1948 (b) Hunting Ferd Williams Registrar
(Must be filed by registrant)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 2:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1948 to May 14 1948, and that I last saw h[illegible] alive on May 14 1948

Immediate cause of death	Duration
Cardio - Respiratory failure	
Due to Adeno - carcinoma of Bladder primary	2½ yrs
Due to Diffuse abdominal carcinomatosis	
Other Conditions Married Deceased Anemia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Willard Applegarth M.D.
Address 511 Reisterstown Rd. Date signed 5/14/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Chaunwey Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Chauncey Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR S. HECHT.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1867

8. AGE: Years 80 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Moses Hecht,
13. Birthplace Germany.

MOTHER
14. Maiden Name Babette Neuburger.
15. Birthplace Germany.

16 (a) Informant Mr. W. Deiches.
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1902 Eutaw Place.

19 (a) MAY 15 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th. 1948 at 3.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1947, to May 14 1948, and that I last saw h[illegible] alive on May 14 1948.

	Duration
Immediate cause of death Acute dilatation of Heart (Oedema of Lungs)	1/2 hr.
Due to Coronary artery disease	2 yrs
Due to arterio-sclerosis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Temple Garden Apts Date signed 5/15/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

QC 48-17917 ✓ 663244

663244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106a

Registered No. 663244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Md. Gen'l. Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 W. Chase St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Cynthia Wright

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 7 1948

8. AGE: Years ..... Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER 12. Name Andrew Wright
13. Birthplace Md.

MOTHER 14. Maiden Name Marie Blankenship
15. Birthplace N. J.

16 (a) Informant Marie Wright
(b) Address 240 W. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month, day, year)
(c) Cemetery or crematory Mt. Calvary.
Location .....

18 (a) Funeral director A. J. Halstead
(b) Address 918 Druid Hill

19 MAY 15 1948 (Date rec'd by registrar) Huntington Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1948, at 5:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Upper respiratory infection with acute tracheo-bronchitis

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 5-11-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63245 LINO BORDIGONI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. C63245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st Sts
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED: ITALY
(a) State La Spezia (b) County
(c) City or town Tellaro de Lerici (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country ITALY

3 (a) FULL NAME Bordigoni, Lino

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Maria Aggarini ?
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Sept. 11, 1903
8. AGE: Years 44 Months 8 Days 3 If less than one day ....hr. ....min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Seafarer

FATHER
12. Name Cesare Bordigoni
13. Birthplace Italy

MOTHER
14. Maiden Name Casilde ?
15 Birthplace Italy

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Belair Rd Baltimore Md
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St
19 (a) Date received by Registrar MAY 15 1948 (b) Signature of Registrar Armington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 6:02A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948, to May 14 1948, and that I last saw him alive on May 14 1948.

Immediate cause of death Chronic Nephritis — Duration ??
Due to
Due to
Other Conditions UREMIA CARDIAC DECOMPENSATION
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: NOT DONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew J. McInerney M.D.
Address USMARINE Hosp. Date signed 5/14/48

X

663246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1423 E. Federal St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Michael Francis Sigai

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife Michael Sigai

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1941 If less than one day hr. min.

8. AGE: Years 7 | Months 3 | Days 27

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Michael Sigai

13. Birthplace Balto.

MOTHER 14. Maiden Name Margaret Kaiser

15. Birthplace Balto.

16 (a) Informant Mother Mrs Margaret Sigai

(b) Address 1423 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem

Location Dundalk ave

18 (a) Funeral director Marie E. Fialkowski

(b) Address 9000 S. Kenwood ave

19 (a) MAY 13 1948 (Date rec'd by registrar) (b) Huntington Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1948 to May 13 1948, and that I last saw her alive on May 13 1948.

Immediate cause of death	Duration
Leukemia - respiratory failure.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jane M. Keenan

Address Mercy Hospital Date signed 5/17/48

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 663247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BALTIMORE CITY HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 PINOAK AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur R. Hobson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-6843

4. Sex	5. Color of race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife M. CATHERINE HOBSON
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) JUNE 30 1906.

8. AGE: Years	Months	Days	If less than one day
41	10	13	hr. min.

9. Birthplace OELLA, BALTO. Co., MD.
(Town, county, and state)

10. Usual Occupation DECORATOR.

11. Industry or business NATIONAL BREWING Co.

FATHER
12. Name ARTHUR C. HOBSON
13. Birthplace BALTO. CO., MD.

MOTHER
14. Maiden Name CECELIA KELBOUGH
15. Birthplace BALTO. CO., MD.

16 (a) Informant M. CATHERINE HOBSON
(b) Address 1706 PINOAK AVE., DUNDALK

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-16-48. (month) (day) (year)
(c) Cemetery or crematory WESTERN CEMETERY
Location EDMONDSON AVE & LONGWOOD ST.

18 (a) Funeral director Charles S. Zeiler
(b) Address 901 S. CONKLING ST.

19 MAY 15 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 May 1948, at 7:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D. (Medical Examiner.)
Date signed 13 May 48

VS 151

663248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3404 Parklawn Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3404 Parklawn Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Margaret Kleinsmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	August

6 (b) Name of husband August Kleinsmith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5-1862

8. AGE: Years	Months	Days	If less than one day
86	2	8	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace Germany

16 (a) Informant Mrs. Mary Kleinsmith

(b) Address 3404 Parklawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto

18 (a) Funeral director J. J. Linton & Son

(b) Address 300 Dutch Lane Ave Huntington Williams, Md.

MAY 15 1948 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1948, to May 13 1948, and that I last saw h[illegible] alive on May 11 1948.

Immediate cause of death Myocardial Insufficiency

Due to —

Due to

Other Conditions Arteriosclerosis; Hypertension - Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Julius C. Schemmel

Address 1337 S. Clarke Date signed 5/15/48

VS 150

G63249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G63249
Registered No.

E.M.-109620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Paton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or ~~wife~~ Samuel Taylor (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. ? ? 1883

8. AGE: Years 65 | Months ? | Days | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Horace Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Winnie Johnson
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. L. Chatman Jr.
(b) Address 1201 McCulloh St.

19 (a) MAY 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10- 1948, at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2- 1947 to 5-10- 1948, and that I last saw her alive on 5-10- 1948.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	9 ?
Due to Diabetes Mellitus	?
Due to	
Other Conditions Generalized Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hospitals Date signed 5-15-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63250 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 Gwynns Falls Parkway
(c) Hospital or institution: 13 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Gwynns Falls Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris L Fine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Bertha R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Aaron Fine
13. Birthplace Russia

MOTHER
14. Maiden Name Esther ?
15. Birthplace Russia

16 (a) Informant Harry Fine
(b) Address 1634 Gwynns Falls Parkway

17 (a) Burial (b) Date thereof May 16, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Cemetery
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) MAY 16 1948 Wm. Livingston Williams, Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION 12.55

20. DATE OF DEATH May 15 1948, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 15 1948 and that I last saw h[illegible]e on May 15 1948

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Ehrman M.D.
Address 443 E 25 St Date signed 5/17/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 52a

63251 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Stone Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Penn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Needle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1893

8. AGE: Years 55 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name not known
13. Birthplace Russia

MOTHER
14. Maiden Name Lessee
15. Birthplace Russia

16 (a) Informant Jennie Needle
(b) Address 827 Penn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Herrenu Lawn

18 (a) Funeral director Jack Lewis Inc.
(b) Address 2100 Eutaw Place

19 (a) [illegible] (b) Filed by [illegible] Registrar

MAY 16 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 May 1948 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 May 1948 to 15 May 1948, and that I last saw him alive on 15 May 1948

Immediate cause of death pulmonary edema

Due to Cachexia from Carcinoma of stomach

Due to Hypernephroma - left side

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Metastatic Hypernephroma

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Lebair M.D.
Address 3100 Eutaw Place Date signed 15 May 1948

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663252 ✓

Registered No. 166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Richman

3 (b) If veteran, name war: 2nd World War

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Brooklyn NY (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Nathan
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Hannah Richman
(b) Address 800 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Herring Lane

18 (a) Funeral director Jack Levin Inc
(b) Address 2160 Eastern Place

19 (a) MAY 16 1948 (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 11:25 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest - abdomen & Hemorrhage
Due to acute peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 12/48 at M.
(b) Where did injury occur? 800 Druid Hill Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home (Grocery store) While at work? No
(d) Means of injury: Bullet wound - firearms

23. Signature [signature] M.D. Medical Examiner.
Date signed 5/14/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

577

G63253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Oswego Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Distiller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Stock Clerk

11. Industry or business

FATHER 12. Name Morris

13. Birthplace Russia

MOTHER 14. Maiden Name Mary

15. Birthplace Russia

16 (a) Informant Emma Distiller

(b) Address 2709 Oswego Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 2100 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1M 1948 MAY 16

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 15 1948 and that I last saw him alive on May 15 1948.

Immediate cause of death Cerebral Pressure causing respiratory death.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Brain Tumor of left frontal

of autopsy: lobe endothelial extradural

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Benn M.D. M. D.

Address University Hosp. Date signed 5/15/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G63254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard St
(c) Hospital or institution:
Univ Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Brunt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Charlie Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Richmond Co Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas P. Jackson
13. Birthplace Richmond Co Va

MOTHER
14. Maiden Name Mary Newman
15. Birthplace Richmond Co Va

16 (a) Informant Frank T. Jackson Jr.
(b) Address 460 W-49th St New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location West Port

18 (a) Funeral director Va Brooks
(b) Address 1463 N. Carey St.

19 (a) MAY 18 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1948 at 6:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1948 to 5-13 1948, and that I last saw her alive on 5-13 1948.

	Duration
Immediate cause of death Cardiac Failure	
Due to Pneumonia	over
Due to Septicemia	
Other Conditions Menopause	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Hall M. D.

Address Univ. Hosp. Date signed 5-13-48

X

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

663255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No 523a Old Frederick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Faherty.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1893

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name John Faherty decd.
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Turk. decd.
15. Birthplace Ireland

16 (a) Informant Mrs. S. Maginnis
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Washington, D.C.

18 (a) Funeral director J. F. Castello
(b) Address 1722 N. Capitol St. Wash. D.C.

19 (a) (Date received by registrar) (b) Huntington Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1948 at 1.25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948 to 5/16 1948 and that I last saw h[illegible] alive on 5/16 1948

Immediate cause of death Cardiac failure. Esophageal Cancer

Due to Cirrhosis liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. W. Murphy M. D.
Address 1 Rogers Date signed 5/16/48

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

663456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

663456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Wash. Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris M. Gerbin (Doris M. GERBEN)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward D. Gerben

6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) June 10-1919

8. AGE: Years 28 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Doney Md (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER 12. Name Jacob Frank

13. Birthplace Md

MOTHER 14. Maiden Name Sarah Litchfield

15. Birthplace Md

16 (a) Informant Edward D. Gerben

(b) Address 7301 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1948 (month) (day) (year)

(c) Cemetery or crematory U.S. Natl Cem

Location Balto Md

18 (a) Funeral director Edward Foxton

(b) Address 7359 Washington Blvd

19 (a) MAY 16 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 6:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute congestive cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George C. Merrill M.D.
Medical Examiner.
Date signed 5/13/48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

663257 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. Bet State Rt 1 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Crain

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minerva Crain nee Hook
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 6, 1918
8. AGE: Years 29 Months 8 Days 9 If less than one day hr. min.
9. Birthplace: Pensacola, Florida (Town, county, and state)
10. Usual Occupation: Bulldozer Operator
11. Industry or business: S. P. Baker, Annapolis

FATHER
12. Name: Edward Crain
13. Birthplace: Pensacola, Florida

MOTHER
14. Maiden Name: Beggie Graham
15. Birthplace: unknown

16 (a) Informant: Mrs. Minerva Crain
(b) Address: Mitchellville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 1948 (month) (day) (year)
(c) Cemetery or crematory: Arlington National
Location: Fort, D.C.

18 (a) Funeral director: Ritchie Bros. Undr.
(b) Address: Upper Marlboro, Md.

19 1948 (Date rec'd by reg. registrar) (b) Washington, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 Dec 1948, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH [illegible]

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-7-48 at 4:10 A.M.
(b) Where did injury occur? Outside of 601 East Baltimore St.
(c) Did injury occur at home, on farm, industrial place, in public place? Kay's Nite Club (PUBLIC) While at work? No
(d) Means of injury Bullet wound

23. Signature [illegible] M.D. Medical Examiner.
Date signed 12-15-48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard St
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hawkins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 12, 1912.

8. AGE: Years 36 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Orange Gran. Howard Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Hawkins.
13. Birthplace St. Stephens, Md.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace St. Stephens, Md.

16 (a) Informant Harry Hawkins.
(b) Address 1127 Race St. Elkridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1948 (month) (day) (year)
(c) Cemetery or crematory Gaines A. M. E.
Location Elkridge, Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 16 1948 (b) (Date received by registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1948, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1948 to 5-14 1948.
and that I last saw h[illegible] alive on 5-14 1948.
Immediate cause of death Cardiac failure
pneumonia
Due to Cerebral hemorrhage
accident
Due to hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Hall M. D.
Address Univ. Hosp. Date signed 5-14-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G63259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1143 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Argyle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY EMMA JONES

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1878

8. AGE: Years 70 | Months 2 | Days 8 | If less than one day ....hr. ....min.

9. Birthplace Sandy Springs, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj. Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Martha A Swales
15 Birthplace Md

16 (a) Informant Nettie Gantt
(b) Address 1143 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md
18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave
19 (a) (b) Registrar
(Filed by registrar)

MAY 16 1948

Huntington Williams, M.D.

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th 1948 at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6 1947 to 5/12 1948 and that I last saw h.[illegible] alive on 5-11 1948

	Duration
Immediate cause of death: Diabetes Mellitus	
Due to:	
Due to:	
Other Conditions: hypertensive cardio-renal disease (Include pregnancy within 3 months of death)	
Date of operation:	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1300 EAST MADISON ST. BALTIMORE 5, MD. Date signed 5-14-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G63260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: West Balto. Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 y 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Ida B Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/1880

8. AGE: Years 68 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Hanover Co Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John C. Dearhart
13. Birthplace Va

MOTHER
14. Maiden Name Mary L. Unknown
15. Birthplace Va.

16 (a) Informant T. E. Hillsley
(b) Address 1919 W. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md

18 (a) Funeral director William Cook Inc.
(b) Address 1917 St Paul St.

19 MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1948, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1948 to 5-15 1948, and that I last saw h[illegible] alive on 5-15 1948.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertension Arteriosclerosis Cardiac - vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Buchanan, M.D.
M. D.
Address W. B. G. H. Date signed 5-15-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663261

GN. 73199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 663261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 11-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 6 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Calvert ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Ann Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
85 ?			..... hr. ..... min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James (D)
13. Birthplace ?

MOTHER
14. Maiden Name Mary (D)
15. Birthplace ?

16 (a) Informant Records B.lto. City Hospitals
(b) Address 2228 E. Chase St 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 E. Paul St.

19 (a) MAY 17 1948 (Date rec'd by local reg.) (b) Huntington W. Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 13 - 1948, at 9.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 10 - 1942 to 5 - 13 1948, and that I last saw her alive on 5 - 13 - 1948

Immediate cause of death	Duration
Paget's Disease of the breast 1 yr.	
Due to	
Due to	
Other Conditions Pulmonary Infarction (Include pregnancy within 3 months of death)	12 hrs.

Date of operation 10-27-47

Major findings of operation: Paget's disease left breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin M. Lacy, M.D.
Address Baltimore City Hos. Date signed 5-14-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G63262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3033 W Lanvale St
(c) Hospital or institution: 16-06

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna May Dinsmore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry S

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1885

8. AGE: Years 63 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Kircher
13. Birthplace Balt Md

MOTHER
14. Maiden Name Carrie Kircher
15. Birthplace Balt Md

16. (a) Informant Harry S Dinsmore
(b) Address 3033 W Lanvale St

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/18/48 (mo.) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md

18 (a) Funeral director Milton A Fox
(b) Address 1214 E Fayette St

19 (a) MAY 17 1948 (Date received by registrar) (b) Penalty for Nonfiling, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 9:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948 to May 14 1948 and that I last saw h alive on May 14 1948

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days
Due to: Hypertension Cardio-Vascular Disease — 8 yrs.
Due to
Other Conditions: Diabetes Mellitus — 5 mos.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lucy Oldsale M. D.
Address 244 N Milton Ave Date signed 5/14/48

Asst to Dr Harry Gimbel 93D

663263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663263

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square 25.03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 30
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Linton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Cody

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No. 220-09-6998
4. Sex: Male
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Angela
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 16 1922
8. AGE: Years 25 Months 8 Days 28 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Laundry Factory

FATHER
12. Name: Wilbern L Cody
13. Birthplace: Salts Md

MOTHER
14. Maiden Name: Emma Jones
15. Birthplace: Salts Md

16 (a) Informant: Angela Cody
(b) Address: 1712 Linton St
17 (a) Final (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory: Naturals
Location: Baltimore Md
18 (a) Funeral director: Wilbern L Cody
(b) Address: 1217 Pond St
19 (a) MAY 17 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 7.45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1948, to May 14 1948, and that I last saw h[illegible] alive on May 14 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Malignant Hypertension	
Cardio Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Hypertrophy of heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bobby L. Jones M. D.
Address Franklin Square Hosp. Date signed 5/19/48

SC-48-09765

63264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. 63264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hosp. 24-03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1266 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/48

8. AGE: Years	Months	Days	If less than one day
			10 hr. 35 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Leo Kelly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherina Hudwig
15. Birthplace Balto Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 12 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 17 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948 to May 7 1948 and that I last saw him alive on May 7 1948:

Immediate cause of death	Duration
Respiratory Failure	
Due to Massive intra-cranial hemorrhage	
Due to Difficult breech delivery	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-7-48
Major findings of operation: No findings (Emergency hysterectomy)
of autopsy: Intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dillard M. Savage M. D.
Address 1226 Eutaw Ave Date signed 5-7-48

VS 150

663265 48-10371 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 663265

CERTIFICATE OF DEATH 159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayewood Dukeland St.
(c) Hospital or institution: West Baltimore General Hospital 16-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Rowdean St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Kirby #2

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-48

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace Baltimore – Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ralph Thomas Kirby
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name Evelyn Muriel Wagenzer
15. Birthplace Baltimore - Md.

16 (a) Informant Mother - Mrs Ralph Kirby
(b) Address 931 Rowdean Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical School MAY 12 1948
Location
18 (a) Funeral director Commissioner of Health
(b) Address
MAY 17 1948 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1948 to 5/6 1948, and that I last saw her alive on 5/6 1948.

Immediate cause of death	Duration
Pneumonia	
Due to Atelectasis	
Due to Prematurity (2940)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis L Grumbine M.D.
Address W. Balt. Gen. Hosp. Date signed 5/8/48

X

663266 48-10017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 663266

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore, (yrs., mos., or days) 6 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 N. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Henry Wanner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 7, 1948

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Rosemary Cunningham Wanner

13. Birthplace Lonaconing, Md.

MOTHER 14. Maiden name James Courtney Wanner

15. Birthplace Baltimore

16 (a) Informant Mrs. Rosemary Wanner

(b) Address 243 N Luzerne Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location University Medical School MAY 14 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 MAY 17 1948 (Date rec'd by registrar) Henrietta Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 1948, at 10 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7-1948 to 5-10-1948, and that I last saw h~~im~~ alive on 5-10-1948.

Immediate cause of death	Duration
Congenital Heart Disease	life
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 5/10

of autopsy: Congenital Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Miller M. D.

Address Md. Gen. Hosp. Date signed 5-13-48

VS 150

663267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3C-48-10575 159

Registered No. 663267

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hospital
(c) Hospital or institution: 17-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 hrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Myrtle Ave (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. (S)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/48

8. AGE: Years | Months | Days. 16 | If less than one day 16 hr. min.

9. Birthplace Univ. Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Teresa Matthews

15. Birthplace Md.

16 (a) Informant mother

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Burial

(b) Address

MAY 17 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MAY 12 1948 Commissioner of Health

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 10:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948 to 19, and that I last saw him alive on May 9 19.

Immediate cause of death (a)	Duration
Respiratory failure	
Due to (b) Abnormal viability	
Due to (c) Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Hunter, M.D.

Address Univ. Hosp. Date signed 5-11-48

X

THORNTON

G63268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G63268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Pr. Geo

(c) City or town Laurel

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Alice Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 50? Months: Days: If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Former Wife

11. Industry or business No

FATHER

12. Name Not known

13. Birthplace Not known

MOTHER

14. Maiden Name Annie Newton

15. Birthplace Mecklenburg County

16 (a) Informant Emma Newton

(b) Address Clarksville Va

17 (a) [redacted] (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)

(c) Cemetery or crematory

Location Clarksville, Va

CHAS. H. ALEXANDER

18 (a) Funeral director Chas H Alexander

(b) Address 422 McCulloh St Huntington for Williamsport, Md

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 6.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1948 to May 16 1948 and that I last saw her alive on May 16 1948.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: hypertension

Due to:

Other Conditions: Ca of breast

(Include pregnancy within 3 months of death)

Date of operation: May 12

Major findings of operation: Ca breast

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature P.C. Duvall Jr. M. D.

Address University Hosp. Date signed May 16

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63269

JL - 73505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G63269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Penn St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Krenn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1878

8. AGE: Years	Months	Days	If less than one day
70	-	2	hr. min.

9. Birthplace Idaho (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Anthony Krenn
13. Birthplace Switzerland

MOTHER
14. Maiden Name Anna Pinklin
15. Birthplace Switzerland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 14 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (c) MAY 17 1948 (Date received by registrar) Huntington Williams M.D. Registrar

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948, at 9.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1942, to May 3 1948, and that I last saw him alive on May 3 1948

Immediate cause of death	Duration
Probable general vascular collapse	sudden.
Due to Hypertensive Cardio-vascular Disease.	6 yrs.
Due to	unknown
Other Conditions Arteriosclerosis, generalized, severe (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Krenn Jr. M. D.
Address Balto City Hosp. Date signed 5 May 48

663270

AB-115921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 557

663270 Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Pinecrest Sanatorium (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Helen Barnes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18- 1894

8. AGE: Years 54 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Harry Wickers (D
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Henrietta Warchem (D
15. Birthplace Baltimore, Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 14 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 17 1948 (Signature of local registrar) Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1- 1948 at 11.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1947 to 5-1- 1948, and that I last saw her alive on 5-1- 1948

Immediate cause of death: Carcinoma of left Pyriform sinus — Duration: 16 mos.
Due to
Due to
Other Conditions Emaciation
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marvin M. Lasy, M.D.
Address Baltimore City Hosp. Date signed 5-19-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 63271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4405 Attwick Road
(c) Hospital or institution: Home 77-13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Wyndhurst Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) **FULL NAME** Minnie Margaret Mc Machin Crawford

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Clinton L. Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-21-1863

8. AGE: Years 84 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Phila. Penna. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: William Caldwell Mc Machin
13. Birthplace: Phila. Penna.

MOTHER
14. Maiden Name: Rebecca Jane Hodges
15. Birthplace: Phila. Penna.

16 (a) Informant: Mrs. William F. Crawford (son)
(b) Address: 4405 Attwick Road, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 48 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore City

18 (a) Funeral director: Stewart & Mowen Company
(b) Address: 108 W. North Avenue, City

19 (a) MAY 17 1948 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 May 1948, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1947, to 15 May 1948, and that I last saw h[illegible] alive on 15 May 1948.

Immediate cause of death: Coronary thrombosis — Duration: 24 hours

Due to: Arteriosclerosis

Due to:

Other Conditions: Carcinoma of breast with carcinomatosis — 3 years
(Include pregnancy within 3 months of death)

Date of operation: 1947

Major findings of operation: Carcinoma of breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William E. Grove, M. D.
Address: 19 West Chase St. Baltimore Date signed: 17 May 48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 E North Ave
(c) Hospital or institution: f. 05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul H Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1884

8. AGE: Years 63 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace: Lith.
(Town, county, and state)

10. Usual Occupation: Merchant

11. Industry or business

FATHER
12. Name: Benjamin Levy
13. Birthplace: Lith.

MOTHER
14. Maiden Name: Leah ?
15. Birthplace: Lith

16 (a) Informant: Mrs Rose Levy
(b) Address: 2018 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1948 (month) (day) (year)

(c) Cemetery or crematory: Cheb Shalom Cemetery
Location: Odonnell St

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 MAY 17 1948 (Date rec'd by registrar) Huntington Williams

VS 150

MEDICAL CERTIFICATION 10.15

20. DATE OF DEATH May 16 1948, at A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1947 to May 16 1948, and that I last saw h[e] alive on May 15, 1948.

Immediate cause of death	Duration
Arteriosclerotic, Cardio-Vascular Disease	2 yrs
Due to	
Due to	
Other Conditions Coronary Thrombosis	13 hours

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Grossman M.D.
Address 1109 N. Calvert Date signed 5/16/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2937 Pulaski Hwy.
(c) Hospital or institution: 6 01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2937 Pulaski Hwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte E. Korber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife George Korber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13-1864

8. AGE: Years	Months	Days	If less than one day
83	7	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Christopher Korber
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Wiener
15. Birthplace Germany

16 (a) Informant Mrs. Leinbacher
(b) Address

17 (a) Burial (b) Date thereof 5/17/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) (Filed) MAY 17 1948 (b) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1948 to 5-13 1948.
and that I last saw h[illegible] alive on 5-13 1948.

Immediate cause of death	Duration
Myocarditis	
Due to Arteriosclerotic cardiovascular disease	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 1411 East Ave. Date signed 5-15-48

X

G63274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63274

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs 26-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md.; (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3647 Elmley Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Albert Huggins

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9233

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pearl Huggins

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 3/18/1888

8. AGE: Years 60 61 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto. Transp. Co.

FATHER
12. Name William Huggins
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Eckert
15. Birthplace Maryland

16 (a) Informant Pearl Huggins
(b) Address 1804 N. Durreland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director George L. Schwab
(b) Address 2948 Frederick Avenue

19 MAY 17 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1948 at 6 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1948 to 5-16 1948, and that I last saw him alive on 5-16 1948.

Immediate cause of death	Duration
Cerebral vascular accident	
Due to Hypertensive cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. May M. D.
Address 1400 N. Caroline St Date signed 5-16-48

VS 193

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63275

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins
(c) Hospital or institution Johns Hopkins Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wash.
(c) City or town 22 E Washington St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Hagerstown Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ephemea Karamonas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emanuel Karamonas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1863

8. AGE: Years 85 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Tony Karamonas
(b) Address Hagerstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-48 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18 (a) Funeral director Scott F. Mpminick Home
(b) Address Hagerstown Md

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1948 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/ 1 1947 to 5/10 1948.
and that I last saw h[illegible] alive on 5/10 1948.

Immediate cause of death	Duration
(a) Cardiac failure due to	
(b) H. B. V. D.	
(c) Senility	
(d) Pneumonia	
Due to Bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 5/10/48 M. D.

VS 150

G63276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63276

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital 19-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1309 Kuper Place (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Cosich, Walter (Vlada Chosich)

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Flora Cosich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 20 1891

8. AGE: Years 56 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Patrol

11. Industry or business B&O R.R.

FATHER
12. Name Milan Chosich
13. Birthplace Hungary

MOTHER
14. Maiden Name Leposava Marko
15. Birthplace Hungary

16 (a) Informant Flora Cosich
(b) Address 1309 Kuper Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director Pratt & B.M. Walker Sons
(b) Address Pratt & Stricker

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 9 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1948, to May 14 1948, and that I last saw him alive on May 14 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Broncho pneumonia	
Due to Intra Cerebral Hemorrhage	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin L. Jamison M. D.
Address Univ. Hosp. Date signed May 14, 1948
Balto. Maryland 83a

663277 48-10066

663277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S. Poppleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 1948

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robt H. Douglas
13. Birthplace Covington Va

MOTHER 14. Maiden Name Lucy V. Grover
15. Birthplace Va

16 (a) Informant Robt H. Douglas
(b) Address 314 S. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1948 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem
Location Balto Co Md

18 (a) Funeral director Robt Co & B. M. Walter
(b) Address Robt Stuckey Co

19 (a) MAY 17 1948 (Date rec'd by registrar) Huntington Wilkins M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Congenital atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D. Medical Examiner.
Date signed 5-15-48

C63278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1183

C63278 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue 10-0

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Madison St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Linwood Bragg

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-3200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	Married

6 (b) Name of ~~husband~~ or wife Maud Lee Bragg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/1905

8. AGE: Years	Months	Days	If less than one day
43	2	5 24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Harvey Bragg
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Daisy Lee Sheppard
(b) Address 3438 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Charles R Law
(b) Address 802 Madison Ave

19 (a) MAY 17 1948 (Date received by local registrar) (b) Huntington Williamsburg

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948, at M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH accidental drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: #2 anchorage 1/4
(a) Date of injury 5-5-48 at ? M.
(b) Where did injury occur? Boat - Samuel Olson
(c) Did injury occur at home, on farm, industrial place, in public place? industrial place While at work? yes
(d) Means of injury Accidental Rise of boat

23. Signature Earl L Voyles M.D. (Medical Examiner)
Date signed 5-14-48

663279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. 663279

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Alameda Blvd
(c) Hospital or institution: 9-06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Alameda (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anita O. Caspil

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-12-5718

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Edward L. Caspil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1904

8. AGE: Years 44 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Hatters Bros.

FATHER
12. Name Julius M. Solomans
13. Birthplace Md

MOTHER
14. Maiden Name Edith Calloway
15. Birthplace Havre de Grace

16 (a) Informant Mrs. Edith McCann
(b) Address 3903 Kimble Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto, Md

18 (a) Funeral director Wm J. Fuchsner Son
(b) Address Balto. Md.

19 (c) MAY 17 1948 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1948, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 15-March 1948 to 13-May 1948 and that I last saw h e r alive on 13-May 1948

Immediate cause of death Coronary Occlusion — Duration 1 day.
Due to Arterio Sclerotic — March 1948
Cardio Vascular Renal Disease
Death Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas W. Edwards M. D.
Address 2746 W. Alameda Date signed 15 May 1948

B C 94763

G63280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

G63280
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 8-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3145 Cliftmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY Therese KELLY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1947

8. AGE: Years	Months	Days	If less than one day
-	5	22	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name Peter Joseph Kelly
13. Birthplace Balto.

MOTHER
14. Maiden Name M. Elizabeth Slemaker
15 Birthplace Md.

16 (a) Informant Mr. Peter J. Kelly
(b) Address 3145 Cliftmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 17 1948 (Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1948, at 4 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1948 to May 13, 1948 and that I last saw her alive on May 13, 1948

Immediate cause of death Pulmonic Stenosis
pneumonia, all Lobes. Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley A. Stasiburg M.D.
Address Sinai Hospital Date signed 5/19/48

X

663281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 Pennsylvania Av.
(c) Hospital or institution: 13-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Pennsylvania Av. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Hogeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 9, 1875

8. AGE: Years	Months	Days	If less than one day
73	1	5 7	hr. min.

9. Birthplace Trenton, N. J. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Newsome Funeral Home
(b) Address 131 Spring St. Trenton, N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (month) (day) (year)
(c) Cemetery or crematory
Location Trenton, N. J.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 16, 1948, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 16 1948 and that I last saw h[illegible] alive on May 16 1948

Immediate cause of death: Congestive Heart Failure — Duration: 2

Due to: Arteriosclerosis — Duration: ?

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 2309 Druid Hill Ave Date signed 5-17-48

Leisher

663282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) yr 03

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Fillmore Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Gilbert Fenster

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4971

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Fenster
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 1 19 1911

8. AGE: Years	Months	Days	If less than one day
49 yr	3	26	..... hr. ..... min.

9. Birthplace Jamaal Md. (Town, county, and state)
10. Usual Occupation Roofer
11. Industry or business

FATHER
12. Name Wm E Fenster
13. Birthplace Jamaal Md

MOTHER
14. Maiden Name Mary E Fenster
15. Birthplace Jamaal Md

16 (a) Informant Emma Fenster
(b) Address 1907 Willam ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 48 (month) (day) (year)
(c) Cemetery or crematory Dorsey Hill Cemetery
Location Jamaal Md

18 (a) Funeral director Bernard A Frank
(b) Address 3603 Belair Rd.

19 (a) MAY 17 1948 (Registered by registrar) (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1948, 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1948 to 5/17 1948 and that I last saw h— alive on 5/17 1948

Immediate cause of death	Duration
Coronary disease	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence Sudden at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Gordon Gram M.D.

Address Mercy Balto Gen Hosp Date signed 5/17/48

X

MACALUSO

G63283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Macaluso MACALUSO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ late Gaetano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 15 1880

8. AGE: Years	Months	Days	If less than one day
67	8 mo	29	hr. min.

9. Birthplace Sicily Italy
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Calogero Mangiaracina
13. Birthplace Italy

MOTHER
14. Maiden Name Rosalia Tortorelli
15. Birthplace Italy

16 (a) Informant Joseph Macaluso or Son
(b) Address 4609 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18-48 (month) (day) (year)

(c) Cemetery ~~Crematory~~ Holy Redeemer
Location Belair Rd. Baltimore Md

18 (a) Funeral director Traull & Dellabaugh
(b) Address 52 N. Wesley St.

19 (a) MAY 17 1948 (Date of death) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1948, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1948 to 5/14 1948 and that I last saw her alive on 5/14 1948.

	Duration
Immediate cause of death Cardiac failure	
Due to Toxic nephritis + hypertensive cardio	
Due to Pneumonia, lobar + cerebral hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Gunn MD M. D.
Address Mercy Balto Gen Hosp Date signed 5/17/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Fawn St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Fawn St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Prinzivalli

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife: late Mary Puizivalli
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1862

8. AGE: Years	Months	Days	If less than one day
86	2	28	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Albert Prinzivalli
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine ?
15 Birthplace Italy

16 (a) Informant Albert Prinzivalli (Son)
(b) Address 904 Fawn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 (a) MAY 17 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 5 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944 to May 15 1948.
and that I last saw him alive on May 14 1948.

Immediate cause of death	Duration
General arteriosclerosis	10 yrs
Due to Chronic myocarditis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson E. Solomon, M.D.
Address 124 S. Bond Date signed 5/15/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63285 / 83a Registered No. 63285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3611 Brehms Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 03
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Brehms Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John A. Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex W | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Susie C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1-1870

8. AGE: Years 78 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Pittsburgh Pa. (City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Felix Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgett
15. Birthplace Ireland

16 (a) Informant Mrs. Susie C. Quinn
(b) Address 3611 Brehms Lane

17 (a) Burial - Removal thereof 5/20/48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Calvery
Location Pittsburgh Pa.

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Rd. Huntingtown Williams, M.

19 (a) MAY 17 1948 (b) (Date received by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/48 19 at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John L. Weiss M.D. Medical Examiner.
Date signed 5/16/48

X

63286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63286

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital 77-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5-316 Ellwoode ave (14) (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret HELEN Casey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Thos. H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1878

8. AGE: Years	Months	Days	If less than one day
69	8	14	hr. min.

9. Birthplace New York. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Davis
13. Birthplace New York

MOTHER
14. Maiden Name Mary Maliff
15. Birthplace New York.

16 (a) Informant Mrs Marguerita M. Von Eff
(b) Address 5316 Ellwoode ave.

17 (a) Burial Removal thereof 5/20/48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cold Spring Cem. N.Y.
Location Cold Spring on the Hudson

18 (a) Funeral director Leonard & Lyck
(b) Address 5305 Harford road.

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1948 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1948 to 5/16 1948 and that I last saw her alive on 5/16 1948

Immediate cause of death	Duration
Carcinomatosis	?
Due to Carcinoma of large intestine & multiple	?
Due to melanosis	3 wks.
Other Conditions Cathalepsid fracture - L femur	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None performed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry V. Chase M. D.
Address Mercy Hospital Date signed 5/16/48

VS 150

G63287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 13-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3139 Kesmik Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Vernon Feete

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 3, 1876

8. AGE: Years 71 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Wm. Feete
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Feaster
15. Birthplace Md

16 (a) Informant Vernon Feete son
(b) Address 3139 Kesmick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948, to May 16 1948, and that I last saw h[illegible] alive on May 16 1948.

	Duration
Immediate cause of death: Cardiac Decompensation	months
Due to: Myocardial Degeneration &	5 yrs.
Due to: Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Schuntzler M. D.
Address Mercy Date signed 5-18-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G653288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G653288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1556 Abbottson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-07
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Abbottson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CARRIE COLLISON

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles E. Collison
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 28, 1890

8. AGE: Years	Months	Days	If less than one day
58	0	16	hr. min.

9. Birthplace Annapolis, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry League
13. Birthplace Annapolis, Maryland

MOTHER
14. Maiden Name Caroline Benan
15. Birthplace Baltimore, Md.

16 (a) Informant Charles E. Collison -Husband
(b) Address 1556 Abbottson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) May 17 1948 (b) [illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 12.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946, to May 14th 1948, and that I last saw her alive on 14 May 1948.

Immediate cause of death	Duration
Cerebro-vascular ~~disease~~ Accident	1 day
Due to Hypertensive Cardio-vascular disease	16 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lot M. Jamison M. D.
Address 208 Hosford Rd. Date signed 15 May 48

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Homestead Street
(c) Hospital or institution: 907
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CORA MEISE SIMPSON

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Louis M. Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 1, 1863

8. AGE: Years	Months	Days	If less than one day
85	3	14	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Conrad Meise
13. Birthplace: Germany

MOTHER
14. Maiden Name: Cora Gravenstein
15. Birthplace: Baltimore, Md.

16 (a) Informant: Louis Martin Simpson
(b) Address: 1716 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1948, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1947 to May 1948 and that I last saw her alive on May 14 1948

Immediate cause of death	Duration
Heart Failure	3 months
Due to: Arteriosclerotic Cardio-vascular disease	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Lay W. Zimmerman M. D.
Address: 2850 Harford Rd. Date signed: 15 May 48

VS 150

G53290 — BALTIMORE CITY HEALTH DEPARTMENT — G53290

CERTIFICATE OF DEATH 46a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): 24-01

2. USUAL RESIDENCE OF DECEASED:
(a) State: MD (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1149 Herbert St (If rural give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country: Hungary

3 (a) FULL NAME: William Schreiber

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: 24-01-44649

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rebecca Schreiber
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 18, 1888

8. AGE: Years: 60 | Months: 2 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Painter

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Evelyn Must
(b) Address: 1230 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-18-48 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cem. Co.
Location:

18 (a) Funeral director: Charles L. Pell
(b) Address: 1501 E. Fort Ave

19 (a) Date received: MAY 17 1948 by registrar: Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/15 1948 at 1.50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1948 to 5/15 1948, and that I last saw him alive on 5/15 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Carcinoma of prostate with bladder involvement	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?: (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?: While at work?: (Specify type of place)
(e) Means of injury:
23. Signature: David J. Phillips, M. D.
Address: Univ. Hosp. Date signed: 5/15/48

G63291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 S. Belnord Ave
(c) Hospital or institution: 1-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S Belnord Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank H. Rolfes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Gagielska

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/90

8. AGE: Years 58 | Months 2 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Dispatcher

11. Industry or business Curtis Bay Towing Co

FATHER
12. Name Benjamin Rolfes
13. Birthplace Balto

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Balto

16 (a) Informant Mary Rolfes (wife)
(b) Address 510 S Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Sparrows Point Rd

18 (a) Funeral director Lilly & Zeilonka
(b) Address 423 E. Patapsco Ave

MAY 17 1948 (b) Registrar
(Date rec'd by registrar)

VS 191

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 May 1948, at 3:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer M.D.
Medical Examiner.
Date signed 15 May 1948

G63292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G63292 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 Carswell Street
(c) Hospital or institution:
None 9.07
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Carswell Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

3 (a) FULL NAME Paul Wunner

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: ?
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Christina Hoyer
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Jan. 17, 1857
8. AGE: Years 91 | Months 3 | Days 29 | If less than one day ....hr. ....min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Paul Pohlner
(b) Address Severna Park Post Office

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/1948 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Park
Location Ritchie Highway

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 Eastern Avenue Balto. 31

19 MAY 17 1948 (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1948, at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 15 1948 and that I last saw him alive on May 14, 1948.

Immediate cause of death	Duration
Myocardial Insufficiency	1 yr
Due to Age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at ....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Zimmerman M. D.
Address 2454 Hartford Date signed 5-17-48

VS 150

G63293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63293 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27-0-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Sheffield Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie V. Stewart

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Thomas Elmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1876

8. AGE: Years	Months	Days	If less than one day
72	2	1	hr. min.

9. Birthplace Lakes District, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Geo. H. Roberts
13. Birthplace Lakes District Md.

MOTHER
14. Maiden Name Ellen Andrews
15. Birthplace Lakes District Md.

16 (a) Informant Mr. Orval Stewart
(b) Address 1516 Sheffield Rd.

17 (a) Burial (b) Date thereof 5/17/45 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Pk
Location Balto., Md.

18 (a) Funeral director Dan'l Fackler & Son
(b) Address Baltimore, Md.

17a) 1945 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1945 at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1945 to 5-15 1945, and that I last saw h[illegible] alive on 5-15 1945

Immediate cause of death Respiratory Failure — Duration

Due to Cerebral Vascular Accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman Zinberg M. D.
Address Sinai Hosp. Date signed 5-15-45

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3027 Clifton Ave. Z-16
(c) Hospital or institution: 5.06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Clifton Ave. Z-16 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Cordelia Thompson

3 (b) If veteran, name war No | 3 (c) Social Security Account No. yes

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1880

8. AGE: Years 68 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Floor - Lady

11. Industry or business

FATHER
12. Name Wm. S. Thompson
13. Birthplace Bristol, Pa

MOTHER
14. Maiden Name Bessie S. Tucker
15. Birthplace Jamaica, N.Y.

16 (a) Informant Mrs Charles Thompson
(b) Address 8202 Bon Air Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md

18 (a) Funeral director Wm J. Tiefenbrun Son
(b) Address Balto. Md

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 1 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 16 1948. and that I last saw her alive on May 15 1948.

	Duration
Immediate cause of death: Cerebral Hemmorrhage	4½ hours
Due to: Hypertensive Cardio-Vascular Disease	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Millard F. Trabod Jr. M.D.
Address 3400 Woodbine Ave Z-7 Date signed 5/16/48

X

663295

663295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St
(c) Hospital or institution: St Joseph's Hospital 03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3330 Chesterfield Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Josephine Jelusich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Nicholas Jelusich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1888

8. AGE: Years	Months	Days	If less than one day
60	0	2	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Sewing (Seamstress)
11. Industry or business Baltimore Pearl Corset Shop

FATHER
12. Name John Kisner
13. Birthplace Balto

MOTHER
14. Maiden Name Christina Fetch
15. Birthplace Balto

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address Balto, Md.

19 (a) (Date rec'd by registrar) (b) Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1948 at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1948 to 5/15 1948 and that I last saw her alive on 5/15 1948.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to	
Due to	
Other Conditions Post Partum Pan Hysterectomy (Include pregnancy within 3 months of death)	

Date of operation 4/29/48
Major findings of operation: Grade I Carcinoma of Body
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson Jr. M. D.
Address St Joseph's Hosp. Date signed 5/15/48

G63296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G63296 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 E. Madison St
(c) Hospital or institution: 7-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Annie L. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1880

8. AGE: Years 68 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER 12. Name Columbus Butler
13. Birthplace St. Marys County Md

MOTHER 14. Maiden Name Elizabeth Butler
15. Birthplace St Marys County

16 (a) Informant Myrtle White
(b) Address 1532 E Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 48 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Mrs. Pott A. Elliott & Daughter
(b) Address 1129 N. Caroline St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1948, at ~~P.M.~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1948 to 5/13 1948, and that I last saw h[er] alive on 5/13 1948.

Immediate cause of death Acute Pulmonary Congestion — Duration 2 days
Due to Cardiac Decompensation
Due to Myocarditis
Other Conditions Nephritis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ella C. Lafoon, M. D.
Address 1122 N. Bond St Date signed 5/17/48

VS 150

Huntington Williams, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Physician: please write the causes of death clearly and legibly. correct age is especially important.

G63297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins 2203
(c) Hospital or institution: Sinai Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2803 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leah Weyrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alexis Weyrich
13. Birthplace [illegible] Md

MOTHER
14. Maiden Name Mary M Drey
15. Birthplace Ireland

16 (a) Informant Miss Gertrude Curry
(b) Address 2803 N. Calvert St.

17 (a) Burial (b) Date thereof 5-18-48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3906 E. Balt. St.

19 (a) 1948 (b) [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/1948 at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/ 1947 to 5/15 1948 and that I last saw h[illegible] alive on 5/15 1948.

Immediate cause of death Cardiac Failure - Bronchopneumonia - Cerebral Thrombosis - Senile Dementia

Due to H.C.V.D.

Duration: old

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address St. Agnes Date signed 5/15/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G63298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1318

G63298
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 N. Patterson Pk. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 N. Patterson Pk. Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence M. Schmidt
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Charles Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 30 1874

8. AGE: Years 73 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Home - wife

11. Industry or business

FATHER 12. Name Andrew Jameson
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary E. Darragh
15. Birthplace Md.

16 (a) Informant Mrs Mary E. Schmidt
(b) Address 1518 N. Patterson Pk. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Bath Lyf

18 (a) Funeral director John E. Miller Jr.
(b) Address 2435 E. Oliver St.

[illegible] 17 1948 (Date received by registrar) Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to May 15 1948 and that I last saw her alive on May 15 1948.

Immediate cause of death: Acute Pulmonary Edema — Duration: 1 day
Due to: Cardio-Renal-Vascular Disease — 4 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent V. Dorsch M.D.
Address 845 N. Patterson Pk. Ave. Date signed 5/17/48
M. D.

X

HL 11 [illegible]663299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663299

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-min.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Colvin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
56 ?			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md.

18 (a) Funeral director Joseph L. Lakin
(b) Address 1324 W. Baltimore St.

19 (a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1948, at 7-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948, to May 14 1948, and that I last saw him alive on May 14 1948.

Immediate cause of death Miliary Tbc

Due to

Due to

Other Conditions Cerebral edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: The above

Duration
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William M. Straight M.D.
Address BCH Date signed 5/15/48

To be approved by Medical Examiners

X

663300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663300

Registered No. 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dunbeland St & Fayner Ave

(c) Hospital or institution: West Baltimore Gen'l Hosp.

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)

(d) Street No. 2428 W Franklin St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William R. Dickson

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4 Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 1866

8. AGE: Years 81 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Dickson

13. Birthplace Scotland

MOTHER 14. Maiden Name Louise Stanger

15. Birthplace Germany

16 (a) Informant Ada Dixon

(b) Address 2428 W Franklin St

17 Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)

(c) Cemetery or crematory Westwood

Location Baltimore Md

18 (a) Funeral director Wilson Funeral Home

(b) Address 1317 Eutaw St

19 (a) (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 11 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/13 1948, to 5/15 1948, and that I last saw him alive on 5/15 1948.

Immediate cause of death Pulmonary Edema — Duration

Due to Hypertensive - Arteriosclerotic Heart Disease

Due to

Other Conditions Fractured Ribs left Lacerated Scalp & Senility

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~, or ~~homicide~~ Accident

(b) Date of occurrence 5/13/48 at 10:30 P M

(c) Where did injury occur? Baltimore (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —

(e) Means of injury Fell out of window

23. Signature G. Robert Hardy M.D.

Address West Balt Gen'l Hosp Date signed 5/16/48

For Dr Wm H. Hammett Jr., by Howard F Waldeis M.D.

G63301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No. G63301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Dom
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Quinn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Mary Curren
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1877

8. AGE: Years 71 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Michael Quinn
13. Birthplace

MOTHER 14. Maiden Name Mary Coyne
15. Birthplace

16 (a) Informant Estella Quinn 1200 Valley St
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948; at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1948 to May 16 1948, and that I last saw him alive on May 15 1948

Immediate cause of death	Duration
Carcinomatosis	3 months
Due to: Carcinoma of Tongue	1 yr.
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M.D.
Address 1631 E. North Ave Date signed 5/17/48 M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 S. Milton ave
(c) Hospital or institution: 1-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. Milton ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Janiszewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Janiszewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
93			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Jakrzewski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Frances Schmidt
(b) Address 709 S. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 1 S. Chester Street

19 (a) MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to May 14 1948, and that I last saw h[illegible] alive on May 14 1948

Immediate cause of death: Hypertension - Cerebral - Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunterton Williams M. D.
Address 2579 Eastern Ave Date signed

VS 150

48-09982

663303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159 ✓

Registered No. 663303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED: Newborn.
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Park Hgts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Folger (Girl)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-48

8. AGE: Years | Months | Days | If less than one day 18 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Edward Folger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name June Gribbin
15. Birthplace Baltimore County Md

16 (a) Informant Mother
(b) Address 3532 Park Heights Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/15/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Cem.
Location Baltimore County, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12- 1948, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1948 to 5-12 1948 and that I last saw her alive on 5-12 1948

Immediate cause of death	Duration
Prematurity	
Due to ~~Hos~~ 2lb 10½	
2 3/4 mo. from Term	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry B. Wilson M. D.
Address Church Home Hospital Date signed 5-12-48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 663304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilton St.
(c) Hospital or institution: Ashburton Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-08
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore,
(c) City or town (If outside city or town limits, write RURAL and give town) 2407 Chelsea Terrace.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherin Jennings (Catherine T. Jennings,)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Martin F. Jennings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2,1876

8. AGE: Years 71 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Cecil County, Md. (Town, county, and state)

10. Usual Occupation Housewife,

11. Industry or business At Home.

FATHER
12. Name John Sice,
13. Birthplace Ireland,

MOTHER
14. Maiden Name -- Fahey,
15. Birthplace Ireland.

16 (a) Informant Mr. Martin F. Jennings,
(b) Address 2407 Chelsea Terrace.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral,
Location Baltimore, City.

18 (a) Funeral director C. Vernon Lenman
(b) Address 4611 Park Heights Ave.,

19 (a) MAY 19 1948 (Must not be filled by registrar) (b) Thurston Williams, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14/48 19 , at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1/44 19 , to May 14 19 48 and that I last saw h[illegible] alive on May 12 19 48.

Immediate cause of death: Cerebral Hemorrhage — Duration: about 2 Mo.
Due to: Arterio Sclerosis — 5 yrs
Due to: Hypertension — 1 Mo
Other Conditions: Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Hubbard M. D.
Address 222 Harrison Date signed May 14/48

83a

G63305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Greenmouth Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1862

8. AGE: Years 85 | Months 11 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name G. August Becker
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Schumaken
15. Birthplace

16 (a) Informant Records, Southern Home
(b) Address 2520 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director John W. Peterkin's Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) MAY 17 1948 Huntington Williams, M.D.
(b) Signature by [illegible] Blake

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1948 to May 16 1948 and that I last saw h[illegible] alive on May 15, 1948

Immediate cause of death	Duration
Due to Chronic Myocarditis	
Due to senile 4 years.	
old-age	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunt. Lt. C. Blake M. D.

Address Medical Arts Bldg. Date signed

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663306

E.M. 119628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G63306

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals 26-06

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1417 Raleigh Way Zone 24
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ida Kistner

3 (b) If veteran, name war

3 (c) Social Security Account No:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Edward Kistner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1906

8. AGE: Years	Months	Days	If less than one day
41	10	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER

12. Name John Daas

13. Birthplace Maryland

MOTHER

14. Maiden Name Pearl Grey

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof May 18th
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Clf. Lawn Cem.

Location City

18 (a) Funeral director Merrick Funeral Home

(b) Address 2008 E. Pleasant St

19 (a) MAY 17 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-48 19 , at 6:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 19 48 to 5-14 19 48.
and that I last saw her alive on 5-14 19 48.

Immediate cause of death
Uremia — Duration 7 days?

Due to Chr. Pyelonephritis — 15 yrs.

Due to

Other Conditions Hypertension, Intracerebral Hemorrhage
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature William W. Straight M. D.

Address BCH Date signed 5/14/48

132a

663307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 663307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 Harford Ave.
(c) Hospital or institution: 10-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 Harford Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfredo D'Antrogi

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-22-3140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	wht	married

6 (b) Name of husband or wife Clara Cardani

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Nov 27 (1892)

8. AGE: Years	Months	Days	If less than one day
55 (57)	5	16	hr. min.

9. Birthplace Rome, Italy (Town, county, and state)

10. Usual Occupation grocer business

11. Industry or business self

FATHER
12. Name Domenico D'Ambrogi
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Clara D'Ambrogi
(b) Address 737 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Degnel Brothers
(b) Address 1800 E. Lombard St.

19 MAY 17 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 191

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 May 1948, at 6.25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. M. Hammer Jr. M.D. Medical Examiner.
Date signed 13 May 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

G63308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G63308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7-04

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Thomas Charis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Color or race Male Colored

5 Sex

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Marie

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 6-3-08

8. AGE: Years 39 | Months 11 | Days 13 | If less than one day ___hr. ___min.

9. Birthplace NC. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Charis

13. Birthplace NC.

MOTHER 14. Maiden Name Sarah Coyson

15. Birthplace N.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 18 48 (month) (day) (year)

(c) Cemetery or crematory

Location Raleigh N Carolina

18 (a) Funeral director Mrs. Pott A Elliott Dept

(b) Address 1129 N. Caroline St

19 (a) 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1948 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11-1948 to 5-16-1948 and that I last saw him alive on 5-16-1948

Immediate cause of death
UREMIA
Chronic glomerulonephritis

Duration 7 14 days at least 6 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Van Hunter Jr M.D.
JOHNS HOPKINS HOSPITAL
Address Date signed 5/16/48

663309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

663309 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Calloway Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15-11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Calloway Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence W. Shillman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Robert G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul. 16 1867

8. AGE: Years	Months	Days	If less than one day
80	9	29	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John T. Tucker
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Amelia
15. Birthplace

16 (a) Informant Mrs. Evelyn M. Pfeiffer
(b) Address 3602 Calloway Ave

17 (a) Burial (b) Date thereof 5/18/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Tucker & Son
(b) Address Balto. Md.

19 (a) MAY 17 1948 (b) Huntington Williams, Registrar
(Date received by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1948, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1948 to May 15 1948 and that I last saw h[illegible] alive on May 15 1948

Immediate cause of death Arteriosclerosis and uremia — Duration

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury M. P. EYERLY

23. Signature [signature]

Address 3033 W. Rodgers Date signed 5/19/48 D.

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days) 11 DY

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman SCHATZLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife MADGE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 27 1902

8. AGE: Years 45 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation SUPERINTENDENT

11. Industry or business MAHONEY CONSTRUCTION

FATHER
12. Name JOHN SCHATZLE
13. Birthplace GERMANY

MOTHER
14. Maiden Name JOHANNA LOESCH
15. Birthplace GERMANY

16 (a) Informant JOSEPH F. PARZER
(b) Address 366 E 150th ST. BRONX N.Y.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5/17/48 (month) (day) (year)
(c) Cemetery or crematory
Location N.Y.C.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St.

19 (a) MAY 17 1948 (Date rec'd by registrar) Registrar for William [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 7 45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary thrombosis.
Myocardial infarction.
Due to Acute pulmonary edema.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 5/17/48

VS 151

G63311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson 4. (If outside city or town limits, write RURAL and give town)
(d) Street No. Terrace Dale (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Thomas Green

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife J. Milton Green
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 6/12/1881

8. AGE: Years	Months	Days	If less than one day
66	11	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Charles Edward Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Stiever
15 Birthplace Maryland

16 (a) Informant Husband
(b) Address Terrace Dale. Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1948 (Month, day, year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson Md.

18 (a) Funeral director John Bilbrue Sons
(b) Address Towson, Md.

19 MAY 17 1948 (Month, day, year) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/48 19 at 4 52 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/13 1948 to 5/17 1948 and that I last saw her alive on 5/17 1948.

	Duration
Immediate cause of death Pulmonary Embolism	Immediate
Due to Phlebothrombosis	5d.
Due to	
Other Conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)	10 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jay H. Fox M.D.
Address Union Memorial Hospital Date signed 5/17/48 M.D.

100 C

G63312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G63312
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1867

8. AGE: Years 80 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Richard Hall
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Margaret Chandler
15. Birthplace Baltimore Md

16 (a) Informant Geo. A. Hall
(b) Address 417 Allen Ave

17. Final disposition (b) Date thereof 5/19/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director William Cole Son
(b) Address 2120 E Cold St

MAY 17 1948
(Date rec'd by registrar) Per Hunting for Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946, to May 16 1948, and that I last saw h[illegible] alive on May 15 1948.

Immediate cause of death: Generalized Arteriosclerosis — Duration: 10 yr +

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman R Kenna M.D.
Address 3803 Edmondson Ave Date signed 5/17/48

G63313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G63313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey St
(c) Hospital or institution: Good Samaritan Home 18 or
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Franklin Booker

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-20-6194

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Door Man

11. Industry or business

FATHER
12. Name ? Booker
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Marie A Carlton RN
(b) Address 27 N Carey St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Williams & Son
(b) Address 1219 E Cold Huntington Williams Mgr

MAY 18 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1948 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22nd 1948 to May 15 1948 and that I last saw him alive on May 15 1948.

Immediate cause of death: Carcinoma of Prostate — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature State Inspector

Address 27 N. Carey Date signed M. 5/12/48 D.

G63314 AB-119546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G63314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 1803
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Thomas

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-20-1426

4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Rachael
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) July 13- 1910

8. AGE: Years 37 | Months 10 | Days - | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Coal Truck Driver
11. Industry or business

FATHER
12. Name John Henry Thomas
13. Birthplace Virginia

MOTHER
14. Maiden Name Robertha Burrell
15. Birthplace Virginia

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-48 (month) (day) (year)
(c) Cemetery or crematory Fort Baptist
Location Hornlead Va.

18 (a) Funeral director Chas. Glasgow
(b) Address 510-12 N. Carrollton Ave.

MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13- 1948, at 4.10PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8- 1948, to 5-13- 1948, and that I last saw him alive on 5-13- 1948.

Immediate cause of death: Tuberculous meningitis & pneumonitis — Duration

Due to

Due to

Other Conditions Related pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Welsh Jr. M.D.
Address Balto City Hosp. Date signed 13 May 48 M. D.

X

663315

M Lucile 110 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. 663315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N University Pky
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 01
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. University Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marguerite R Quinn

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas F. C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 8. 1908

8. AGE: Years 40 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Scranton Pa (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Joseph Flanagan
13. Birthplace England

MOTHER
14. Maiden Name Jane A Garrighty
15. Birthplace England

16 (a) Informant Thomas F C Quinn
(b) Address 108 N. University Pky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Gay St

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1217 St Paul St

19 (a) MAY 18 1948 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150 5-48

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1948, at 5-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to May 17 1948 and that I last saw her alive on May 17 1948

Immediate cause of death: Heart failure — Duration: 6 mos +

Due to: Rheumatic heart disease — Duration: years

Due to: Rheumatic fever

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Franklin E. Leslie M. D.
Address 1101 St Paul. Bltmo Date signed May 18 '48

X

Dr. Hall-

C63316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ C63316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Busch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	W.	W.

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1856

8. AGE: Years	Months	Days	If less than one day
92	0	11	hr. min.

9. Birthplace Maryland (Town, county, or state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Bernard Busch

13. Birthplace

MOTHER 14. Maiden Name Cath. Reis

15. Birthplace

16 (a) Informant Ella Sisters & Nephew

(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore

18 (a) Funeral director Leonard J. Luck

(b) Address 530 E Hanford Rd.

MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948 at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 14 1948. and that I last saw him alive on May 14 1948.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic myocarditis	5 yr
Due to	
Other Conditions Arterio Sclerosis	10 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M.D.

Address 1631 E North av Date signed 5/17/48

663317 Wurzbacher

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 99 Paul & 33rd sts
(c) Hospital or institution: 3301 St Paul St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 99 Paul & 33rd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Wurzbacher

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4775

4. Sex M | 5. Color or race W | 6 (d) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Ellen B. Wurzbacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jun 22 - 1882

8. AGE: Years 66 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Balto Co
(Town, county, and state)

10. Usual Occupation Ship Caulker Asst

11. Industry or business

FATHER
12. Name Conrad H. Wurzbacher
13. Birthplace Hydes Md

MOTHER
14. Maiden Name Mary Seidel
15. Birthplace Balto Co

16 (a) Informant Ellen B Wurzbacher
(b) Address 99 Paul & 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Gardens Section

18 (a) Funeral director Chas S. Powell
(b) Address 2427 E Monument

19 MAY 18 1948 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1948 to May 16 1948 and that I last saw h-- alive on May 16 1948

Immediate cause of death	Duration
Coronary Embolism	
Cerebral Thrombosis	
Due to Hypertension ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas S. Powell M. D.
Address 2427 E Monument Ave Date signed May 18 1948

V S 150

663318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

Registered No. 663318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 21-0 V
(d) Length of stay in hospital or inst. (yrs., mos., or days) Day Light
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Sargeant St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. McLaughlin

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. –

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1892

8. AGE: Years 56 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Maritime Commission

FATHER
12. Name Owen C. McLaughlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Malley
15. Birthplace Ireland

16 (a) Informant: Mrs Virginia A McLaughlin
(b) Address 1112 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director John F Cowan & Son
(b) Address 901-03 W Hollins St.

19 MAY 18 1948 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 9:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pontine Hemorrhage, Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D. (Medical Examiner.)
Date signed 5-17-48

VS 151

G63319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a

Registered No. G63319

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-01
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1129 Edgewood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benny James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male 5 Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-18

8. AGE: Years 29 | Months 5 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Simon James

13. Birthplace

MOTHER 14. Maiden name Nettie Blakeford

15. Birthplace S.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cem.

Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson

(b) Address 1100 Brantley Ave

19 (a) MAY 18 1948 (Date Received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-48 at 11:10 A

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27-48 to 5-14-48 and that I last saw h[illegible]ive on 5-14-48.

Immediate cause of death	Duration
Ideopathic myocarditis multiple emboli from	1 mo
Due to Mural thrombi	2 wks
Due to	
Other Conditions Bilateral renal calculi	24 hrs

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation: 0

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Van Metre M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5/15/48

93e

663320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. 663320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Turner's Station (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOYCE WHITBY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1944

8. AGE: Years 4 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Norman Whitby
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Delia Stokes
15. Birthplace Fairmont, Va

16 (a) Informant Norman Whitby
(b) Address 330 Bittern Court Turner Station Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elmer E. Wilson
(b) Address 10 E Baltimore ave Huntingtown Md

MAY 18 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Contusion of Brain.

Due to Lacerations and contusions of forehead.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 12/48 at 6:00 P.M.
(b) Where did injury occur? Dundalk Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Street While at work? No
(d) Means of injury Struck by bus

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 5/14/48

663821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663821

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ....
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ....
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Maine Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country ....

3 (a) FULL NAME Rosa Nusbaum

3 (b) If veteran, name war ....
3 (c) Social Security Account No. ....

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Benjamin J. Nusbaum
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 29 1871

8. AGE: Years 77 | Months - | Days 17 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business ....

FATHER
12. Name: Joseph Bergman
13. Birthplace: Bavaria

MOTHER
14. Maiden Name: Sarah Wahle
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs. M. Dooplity
(b) Address: 3917 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Balto. Hebrew
Location: Balto. Md.

18 (a) Funeral director: Maria Sonnenschein & Son
(b) Address: 1902 Eutaw Place

19 MAY 18 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-48 19 .... at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-16 1948.
I last saw her alive on 5-16 1948.

Immediate cause of death: Respiratory Failure — Duration ....
Due to: H C V D & A S H D — Duration ....
Due to: .... — Duration ....
Other Conditions: .... — Duration ....
(Include pregnancy within 3 months of death)
Date of operation ....
Major findings of operation: ....
of autopsy: ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence .... at .... M
(c) Where did injury occur? .... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? .... While at work? .... (Specify type of place)
(e) Means of injury ....

23. Signature: Norman Zenberg M. D.
Address: Sinai Hospt. Date signed 5-18-48

63322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered 63322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24-03
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town 1104 Riverside Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL STROBELT STROBELT

3 (b) If veteran, name war No.

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years abt. 58 | Months | Days | If less than one day hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Amer Lithographing

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany.

16 (a) Informant Mrs Walter Reiter
(b) Address Stony Creek.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross.
Location Ritchie Highway

18 (a) Funeral director J. J. Feeley & Sons
(b) Address 31 S Eutaw St

19 MAY 18 1948 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 1:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl Ryon M.D.
Medical Examiner.
Date signed May 17

VS 151

G63323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G63323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Clifton Ave
(c) Hospital or institution: Fetterhoff Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 03

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 W. Falls St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Madaline Hieronymus

3 (b) If veteran, name war None

3 (c) Social Security Account No. 161-10-8348

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1873

8. AGE: Years 75 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Tablet Maker

11. Industry or business Harpe & Lohse

FATHER 12. Name Louis Hieronymus

13. Birthplace Germany

MOTHER 14. Maiden Name Sarah Bowers

15. Birthplace Md

16 (a) Informant Dr. Lyle Knickman

(b) Address 3601 Fenwick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md

18 (a) Funeral director Wm J. Tucker & Son

(b) Address Baltimore, Md.

19 MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1948, at 7 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/9 1948 to 5/16 1948.
and that I last saw her alive on 5/16 1948

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 wks
Due to Nephritis	?
Due to Arteriosclerosis	?
Other Conditions Myoma of uterus	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Reeder, M.D.

Address 340 W Lafayette Ave Date signed 5/17/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The 663324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

663324
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17-0 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 Pa. Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Edwards (Beaver)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1907

8. AGE: Years 41 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Portsmouth, Va. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Edward
13. Birthplace Virginia

MOTHER
14. Maiden Name Jeaginette ?
15. Birthplace Virginia

16 (a) Informant Mitford Beaver
(b) Address 1335 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George H. Holland & Son
(b) Address 1631 Druid Hill Ave.

19 MAY 18 1948 (Date received by registrar) Hunting for Williams Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1948, at M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Stab wound of chest (left), involving lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 16/48 M.
(b) Where did injury occur? 1335 Penna. Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Knife

23. Signature [signature] M.D. (Medical Examiner)
Date signed 5/17/48

VS 151

663325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 663325

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident 15-0

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DD
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 N. Monroe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/1858

8. AGE: Years 59 | Months 10 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Fork Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Peter Covell
13. Birthplace Va

MOTHER
14. Maiden Name Rory ?
15. Birthplace Va

16 (a) Informant James Smith
(b) Address 1315 N. Monroe st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cem
Location Balto

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 MAY 18 1948 (Registered by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/48 19__, at 3:25 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained. (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Peters M.D.
Medical Examiner.
Date signed 5/17/48

663326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

663326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 - H. Ct. Apt. 1, Somerset Homes
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 - H. Ct. Apt. 1; Somerset Homes
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Annie Drummond.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1878

8. AGE: Years 70 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Accomack Co., Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Abraham Wise
13. Birthplace Acco. Co., Va

MOTHER 14. Maiden Name Carrie Wise
15. Birthplace Acco. Co., Va

16 (a) Informant Ida Mae Drummond
(b) Address 1208 - H. Court, A-1, Somerset Homes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1948 (month) (day) (year)
(c) Cemetery or crematory Bayside
Location Nr. Onancock, Va.

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Virginia

1948 MAY 18 (Date rec'd by registrar) (b) Signature of Williams Mortuary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 1948, at 9:P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1948, to 5-18 1948, and that I last saw h[illegible] alive on May 15 1948.

Immediate cause of death	Duration
Cerebral hemorrhage.	3 months
Due to Arteriosclerosis	?
Due to Arterial sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Burrell, M. D.
Address 121 Kiggotank St. Date signed May 19 1948

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663327 Registered No. 24742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 No. Chapel St.
(c) Hospital or institution: 705
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Chapel St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emily Ann Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1875

8. AGE: Years 73 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mildred Norwood
(b) Address 4947 Blaine St. N.E. Wash D.C.

17 (a) Burial (b) Date thereof 5/20/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Pk.
Location

18 (a) Funeral director Elroy D. Watson
(b) Address 1000 Brently ave.

MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1944 to May 1948.
and that I last saw her alive on May 14 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	Unknown
Due to Hypertension - Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R B Leighton M. D.
Address 501 Cherry Hill, Date signed 5/17/48

G63328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G63328
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 6-05 Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank (Brisco) Frisco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Jamie Comish
(b) Address 1524 E Fairmount Ave

17 (a) Burial (b) Date thereof 5/18/37
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Bryant St

19 (Date received by registrar) MAY 18 1937 Thurlington Williams

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1937, at 7:38 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D.
Medical Examiner

Date signed May 18 1937

663829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH. 13B

663329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 N. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 05
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernice Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colo | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1929

8. AGE: Years 19 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name James Johnson
13. Birthplace Richmond Va

MOTHER 14. Maiden Name Dorothy Johnson
15. Birthplace Houston Texas

16 (a) Informant Dorothy Diggs
(b) Address 413 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy S. Wilson
(b) Address 1000 Baltimore ave

19 MAY 18 1948 (Date rec'd by registrar) (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

5-15-48

20. DATE OF DEATH May 15 1948 at 3.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 15 1948, and that I last saw h[illegible] alive on May 15 1948.

Immediate cause of death: Acute Hemorrhagic Pulmonary Tuberculosis — Duration: 2 days

Due to: — Duration: 5 days

Due to: — Duration: 6 mos

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Berry M. D.
Address 1420 E. Chase Date signed May 17 1948

663330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 S. Green St.
(c) Hospital or institution: University Hospital 17 01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Argyll Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel Randolph

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 13 Jan. 1892

8. AGE: Years 56 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Gallatin, Tenn. (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Mack Randolph
13. Birthplace Gallatin, Tenn.

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Gallatin, Tenn.

16 (a) Informant Ethel Randolph
(b) Address 930 Argyll Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 20 May 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winder

18 (a) Funeral director Charles H. Alexander
(b) Address 1200 McCulloh Street, Baltimore

19 (a) MAY 18 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 May 1948, to 17 May 1948, and that I last saw him alive on 17 May 1948.

Immediate cause of death: Heart failure — Duration

Due to: Hypertension

Due to: Arteriosclerotic Cardio-vascular disease

Other Conditions: Cerebro-vascular accident.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Snyder M. D.
Address University Hospital Date signed 17 May 48

X

TRANS. T.

G63331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4117 Massachusetts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 08
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4117 Massachusetts Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anna S. Carvelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry D.
6 (c) If alive, give age 8. years

7. Birth date of deceased (mo., day, yr.) 10-4-1871

8. AGE: Years	Months	Days	If less than one day
76	7	13.	hr. min.

9. Birthplace Sunapee, N. H. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John H. Sullivan
13. Birthplace Boston - Mass.

MOTHER
14. Maiden Name Arriana Whittemore
15. Birthplace Penbroke - N. H.

16 (a) Informant Mr. Arthur L. Sullivan
(b) Address 4220 Euclid Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 48 (month) (day) (year)
(c) Cemetery or crematory Sunapee
Location New Hampshire

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place 17

19 (a) 5-18-1948 (Date received by Registrar) (b) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 11:45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944 to 5/17 1948
and that I last saw her alive on 5/17 1948
Immediate cause of death Chronic Myocarditis

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. H. Sullivan M.D.
Address 4709 Stud Ave Date signed 5/19/48

PLEASE WRITE PLAINLY, WITH ONE KIND OF INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1663332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. 1663332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bon Secours
(c) Hospital or institution: Lafayette - Pulaski Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 or

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 W. Lexington St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jerome J. Ruediger - Ruediger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jerome J. Ruediger

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): June 24 1890

8. AGE: Years 57 | Months 10 | Days 17 | If less than one day — hr. — min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation: Dir Modern

11. Industry or business: Music Copyist Dept.

FATHER
12. Name: Hieronymus Ruediger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Esta
15. Birthplace: Washington, D. C.

16 (a) Informant: Jerome J. Ruediger
(b) Address: 233 W. Lexington St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 19 48 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: Baltimore, Md

18 (a) Funeral director: F. D. Waltjen Son
(b) Address: 300 Eutaw Place

MAY 18 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/48 19 , at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 19 48 to 5/15 19 48 and that I last saw h— alive on 5/15 19 48

Immediate cause of death: Circulatory Collapse — Duration: 1 day

Due to: Hemorrhage of Intestines — over 2 days

Due to: Mesenteric embolism — 2 days

Other Conditions: Myocardial infarcts, Immobilized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Frederick L. Reid Jr. M.D.
Address: Bon Secours Hosp. Date signed 5/16/48

94a

663333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1643

Registered No. 663333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days) 32-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Henrietta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl (Jones) Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Aug 5 1929

8. AGE: Years 18 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Manning S. C.

MOTHER
14. Maiden Name Laura Thompson
15. Birthplace S. C.

16 (a) Informant: Mrs. Laura Johnson
(b) Address 18 N. Henrietta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A Co. Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1018 W Montgomery St

19 (Date rec'd by registrar) MAY 18 1948 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury found: 5-16-48 at 8:00 24/4 A.M.
(b) Where did injury occur? found: Ft. of W. Pratt St.
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work? no
(d) Means of injury Found drowned

23. Signature Howard J. Maddais M.D. Medical Examiner.
Date signed 5-17-48

VS 151

G63334 691781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. G63334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 : 01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Riley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife: Infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16. 1947

8. AGE: Years | Months: 7 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: David Riley
13. Birthplace: Washington County Pa.

MOTHER
14. Maiden Name: Anna Pellegringer
15. Birthplace: Baltimore Md.

16 (a) Informant: David Riley
(b) Address: 1632 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/1948 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road.

18 (a) Funeral director: Rendell Rupert
(b) Address: 312 S. Highland Ave

19 MAY 18 1948 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1948, at 1.10 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-16 1948 and that I last saw him alive on 5-16 1948.

	Duration
Immediate cause of death: Dehydration	6 hours
Due to: Enteritis	3 days
Due to: ?	
Other Conditions: Rickets, Seizures. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: no cause of death.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Williams M. D.
Address: Sinai Hosp. Date signed May 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63335

BALTIMORE CITY HEALTH DEPARTMENT

Boone CERTIFICATE OF DEATH 50

Registered No. 63335

1. PLACE OF DEATH: 622
(a) Baltimore City, Maryland
(b) Street address ~~622~~ Central Ave
(c) Hospital or institution: 5-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 ~~622~~ Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Lucille Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Nathaniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May - 1916

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace Weldon N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Levy Harris
13. Birthplace N. C.

MOTHER 14. Maiden Name Olive Pointer
15. Birthplace N. C.

16 (a) Informant Rose Williams
(b) Address 662 Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Nebo
Location Worchester Co - Md.

18 (a) Funeral director James F Stewart
(b) Address Salisbury Md.

19 (a) MAY 18 1948 (Local registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1948 to May 18 1948, and that I last saw deceased alive on May 17 1948.

Immediate cause of death	Duration
Metastatic Carcinoma	
liver, spinal Cord	5 mo
Due to Carcinoma of	
Breast	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. McDaniel M. D.

Address 807 N. Caroline Date signed 5-18-48

V S 150

663336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 663336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 W Lanvale
(c) Hospital or institution: 19-0 V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bettie Rucker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Owen Rucker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/18/85

8. AGE: Years	Months	Days	If less than one day
62	10	26	hr. min.

9. Birthplace Amherst Co. Va (Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER 12. Name Thomas Rucker

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Mary Pace

MOTHER 15. Birthplace Va.

16 (a) Informant Virginia Bradley

(b) Address 1365 N Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (month) (day) (year)

(c) Cemetery or crematory Catalpa

Location Balto Co.

18 (a) Funeral director Samuel N Sullivan

(b) Address 104 N. Arlington Ave

19 (a) MAY 18 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1948 to 5/15 1948 and that I last saw h. alive on 5/13 1948

Immediate cause of death — Duration

Hypertensive C V Renal Disease — 4 yrs

Due to — X

Due to — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Preston Grant

Address 1514 Division St Date signed 5/17/48 M.D.

X

663337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 663337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 N. Gilmor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Gilmor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Gantt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife: Maggie Gantt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1864

8. AGE: Years: 84 | Months: 4 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Calvert County, Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Daniel Gantt
13. Birthplace: Calvert Co. Md.

MOTHER
14. Maiden Name: Mary
15. Birthplace: Calvert Co., Md.

16 (a) Informant: Mary Speaks.
(b) Address: 410 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1948 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location:

18 (a) Funeral director: Mrs. Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 MAY 18 1948 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 15 1948 and that I last saw h[illegible] alive on May 15 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension
Due to: Cardiac Vascular Disease
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. W. Nodd M.D.

Address: 4 E. N. Gilmor St Date signed 5/19/48

663338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

663338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Small St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Small St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary E. Roberts.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife George Roberts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1896

8. AGE: Years	Months	Days	If less than one day
51	11	20	hr. min.

9. Birthplace Eastern Shore, Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Laura Smith.

15. Birthplace Md.

16 (a) Informant George M. Roberts

(b) Address 1320 Small St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or crematory Cedarville, Md.

Location

18 (a) Funeral director Mrs Nate Williams

(b) Address 322 N. Schroeder St

19 (a) MAY 18 1948 (Date rec'd by registrar) Penitentiary Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/48 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1948 to 5/15 1948 and that I last saw h[illegible] alive on 5/15/48

Immediate cause of death — Duration

Cerebral Hemorrhage 1 day

Due to Hypertension 2 Yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Adelsonn M. D.

Address 1 E Baltimore St Date signed 5/17/48

SPENCER X ✓

663339

663339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Baltimore Patapsco Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Park Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Spencer

3 (b) If veteran, name war

3 (c) Social Security Account, No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1928

8. AGE: Years 19 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Bald. Md (town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Laurence A. Spencer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Bell
15. Birthplace Baltimore, Md.

16 (a) Informant Mary Spencer
(b) Address 17 Park Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or crematory W. H. Auburn Cem
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 2306 W. Lanvale St.

19 (a) MAY 18 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 10:05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab Wound of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-15-48 at 9:35 P.M.
(b) Where did injury occur? 926 Berlin Avenue Patapsco Park
(c) Did injury occur at home, on farm, industrial place, in public place? Grocery Store While at work? No
(d) Means of injury Cutting Instrument

23. Signature Paul H. Reyburn M.D. Medical Examiner
Date signed 1 C May 48

VS 151

663340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

663340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Giles Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harold BRAXTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1947

8. AGE: Years 10 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Arthur Braxton
13. Birthplace Phila. Pa.

MOTHER 14. Maiden Name Margie Rankin
15. Birthplace Radville N.C.

16 (a) Informant Arthur Braxton
(b) Address 1733 Jefferson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Elroy Ordilson

18 (a) Funeral director

(b) Address 1000 Bradley Ave

19 (d) MAY 18 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 1:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inq (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 10/48 M.
(b) Where did injury occur? B & O. R.R. Trestle
(c) Did injury occur at home, on farm, industrial place, in public place? R.R. trestle While at work? No
(d) Means of injury Tripped & fell into water

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 5/15/48

VS 151

BC = 48-10575
Hospital Disposal
663341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 663341

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26-04

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Galiano

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/48

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Child

11. Industry or business

FATHER — 12. Name: Pete Galiano
13. Birthplace: Md

MOTHER — 14. Maiden name: Mildred Campbell
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) MAY 18 1948 (Signature of local registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 4 18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10- 1948 to 5-12- 1948, and that I last saw her alive on May 12 1948.

Immediate cause of death: Premature

Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John F. Caughey Jr. M.D.
Address: JOHNS HOPKINS HOSPITAL Date signed 5-15-48

G63342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G63342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3019 Oak Hill Ave
(c) Hospital or institution: 28-0

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Oakhill Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Angelina Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	yes	F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1908

8. AGE: Years	Months	Days	If less than one day: hr.	min.
39	11	21		

9. Birthplace St. Mary's Co. Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Govt - Company

FATHER
12. Name Henry E Robinson
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Sallie B. Graves
15. Birthplace St Marys Co Md.

16 (a) Informant Miss Dorothy F. Robinson
(b) Address 3019 Oakhill Ave

17 (a) Burial (b) Date thereof 5/19/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co. Md

18 (a) Funeral director Wm J. Tilburg & Son
(b) Address Balto, Md.

19 (a) MAY 18 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1948, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to 5/16 1948 and that I last saw her alive on 5/6 1948.

Immediate cause of death	Duration
Carcinoma of Breast	
Due to (metasisis to lungs)	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 2 - 1946
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer A. Todd M.D.
Address 2108 St Paul St Date signed 5/17/48

VS 150

G63343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63343 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 St Paul ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12-05

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town 1734 ST. PAUL ST. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILSON HEBB SMITH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 10 1877

8. AGE: Years 70 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace BEL AIR, MD. (Town, county, and state)

10. Usual Occupation LAWYER

11. Industry or business FIDELITY & DEPOSIT Co

FATHER
12. Name DR. BENJAMIN SMITH
13. Birthplace MD.

MOTHER
14. Maiden Name LUCY WILSON
15. Birthplace MD.

16 (a) Informant MR. W. J. McFEELY
(b) Address 3319 ST PAUL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory MT ZION
Location BEL AIR, MD.

18 (a) Funeral director WM J TICHNER & SONS
(b) Address BALTO, MD.

19 (a) MAY 18 1948 (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 19 to MAY 16 1948 and that I last saw h IM alive on MAY 5 1948.

Immediate cause of death — Duration
arteriosclerosis — 4 yrs
Coronary Thrombosis — 11 yrs
Due to with Myocardial Infarct (Twice)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph G. Hills M. D.
Address 16 E. Eager St Baltimore Date signed May 17, 1948

X

G63344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G63344

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 N.Collington Ave.
(c) Hospital or institution: 6-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N.Collington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Goetz

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank Goetz
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1870 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	2	8		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name --- Hartman
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Marie Wyatt
(b) Address 228 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

MAY 18 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th. 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to 5/14 1948 and that I last saw her alive on 4/17 1948.

Immediate cause of death: Hypertensive Cardio Vasc. Disease — Duration: 4-6 years

Due to: Cerebral Hemorrhage — 1 year

Other Conditions: Bronchial Pneumonia — 6 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A A Weinstock M. D.
Address 4603 Old York Rd. Date signed 5/17/48

V S 150

G63345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E ✓

Registered No. G63345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4330 Glenmore Ave
(c) Hospital or institution:
2-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 4330 Glenmore Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Ann Trautman

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Frank Trautman

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 11 - 1863

8. AGE: Years 74 | Months 11 | Days 7 | If less than one day ____ hr. ____ min. 1873

9. Birthplace Donaldson. - Penn.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Anthony Tressger
13. Birthplace Switzerland

MOTHER
14. Maiden Name Elizabeth Hatter
15 Birthplace Donaldson - Penn

16 (a) Informant
(b) Address

17 (a) Removal (b) Date thereof May-18-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Friedens Lutheran & Reform
Location Minersville Pa.

18 (a) Funeral director Earl B. Roberston Funeral Homes
(b) Address 403-S-25th St - 18.

19 (a) Date received MAY 18 1948 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1948, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1948 to 5/18 1948 and that I last saw h~~er~~ alive on 5/17 1948

Immediate cause of death: CANCER OF COLON — Duration: 2 YRS +

Due to

Due to

Other Conditions: GENERAL ARTERIOSCLEROSIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 6331 Belair Rd. Date signed 5/18/48 M.D.

VS 150

Dr Adams

663346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663346

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 N. Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-07
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Henrietta Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Lee

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6/1900

8. AGE: Years 47 | Months 11 | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Henry Johnson
13. Birthplace Easton Shaw, Va.

MOTHER
14. Maiden Name Elizabeth Chase
15. Birthplace Balto. Co. Md.

16 (a) Informant James Lee
(b) Address 1208 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1948 (month) (day) (year)
(c) Cemetery or crematory St. Stephen Cemetery
Location Balto. Co. Md.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St.

19 (a) MAY 18 1948 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 1:45 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948 to May 15 1948 and that I last saw h[illegible] alive on May 7 1948

Immediate cause of death Coronary Thrombosis — Duration 10 Minutes

Due to Hypertensive Cardio Vascular Disease — ?

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature F. K. Adams M.D.
Address 1210 N. Eutaw St. Signed

May 17-48

VS 150

663347 grave #9 ✗ ✓ 663347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 Registered No.

Every item of information should be carefully supplied. Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West Street
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town N.Y. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1290 W. 172nd St. Apt. 3 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant:

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location PUBLIC CEMETERY MAY 18 1948

18 (a) Funeral director Commissioner of Health

(b) Address

MAY 18 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948 at 9 10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Found 4-29-48 at 8 45 A.M. 24/1
(b) Where did injury occur Harbor Ht of Pier #3, Locust Point
(c) Did injury occur at home, on farm, industrial place, in public place? Public (Harbor) While at work? NO
(d) Means of injury Found Drowned

23. Signature Geo. G. Merrill M.D. Medical Examiner.

Date signed 4/29/48

VS 151

663348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77 ✓

663348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 17-0-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Greenmeadow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernice Johnson (Hazelle Beckwith)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced

6 (b) Name of ~~husband~~ or wife Jas. Edward Jenkins

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years 34 | Months | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Josiah Beckwith

13. Birthplace N. C.

MOTHER 14. Maiden Name Sonia Beckwith

15. Birthplace N. C.

16 (a) Informant Jas. Edward Jenkins

(b) Address 77. Meade. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)

(c) Cemetery or crematory Location Raleigh. N.C.

18 (a) Funeral director Chas R. Lang

(b) Address 802 Madison Ave

19 MAY 18 1948 (Date received by Registrar) (Mountaintop) Williams, Mgr. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 7:30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema

Chronic Alcoholism

~~Due to~~ Obesity

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Carl H. Ryd M.D. (Medical Examiner.)

Date signed May 17, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C63349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C63349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N. Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Gleitsman

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-2547

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Carrie Gleitsman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1889

8. AGE: Years 58 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Soskay Co

FATHER
12. Name Ernst Gleitsmann
13. Birthplace Germany

MOTHER
14. Maiden Name ? Regst
15. Birthplace Maryland

16 (a) Informant Carrie Gleitsman
(b) Address 13 N. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director John D. Moran
(b) Address 3060 E. Baltimore St

19 (Date rec'd by registrar) MAY 18 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1947 to May 16 1948 and that I last saw K.I.M. alive on May 16 1948.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Bronchial Asthma	
Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause, to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles B. Mac Mann M. D.
Address 2911 E. Balto St Date signed May 17 1948

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G63350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5002 ARABIA AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27-03

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 ARABIA AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK H. HOLLOWAY SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife HESSIE A. (LEE) SOUNDS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) MAY 8, 1865

8. AGE: Years 83 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace WICOMICO CO. MD. (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business COMMISSION MERCHANT

FATHER 12. Name JOHN W. HOLLOWAY

13. Birthplace WICOMICO CO. MD.

MOTHER 14. Maiden Name ELIZ. HEARN

15 Birthplace WICOMICO CO. MD.

16 (a) Informant MR. FREDRK H. HOLLOWAY JR.

(b) Address 4004 LOCH RAVEN JR

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Location MARDELLA SPRINGS MD.

18 (a) Funeral director WM. J. FLEMER & SON

(b) Address Balto. Md.

19 MAY 18 1948 (Date received by Registrar) (b) Huntington Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/1948, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948 to May 16 1948 and that I last saw him alive on May 15th 1948.

	Duration
Immediate cause of death Coronary Occlusion	10 minutes
Due to Chronic Myocarditis	4 years
Due to	
Other Conditions Diabetes Mellitus	6 years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature A. L. Gourley M.D.

Address 5106 Harford Road Date signed 5/17/48

93D

663351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mariano Satariano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Grace Satariano
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 1882

8. AGE: Years	Months	Days	If less than one day
61 62	7		hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Presser and Tailor
11. Industry or business Goldman

FATHER
12. Name August Satariaxo
13. Birthplace Italy

MOTHER
14. Maiden Name Augusta (Unknown)
15. Birthplace Italy

16 (a) Informant Mrs. Vera Onorato
(b) Address 1506 N. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) MAY 19 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 2 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1948 to 5-18 1948, and that I last saw ~~him~~ alive on 5-18 1948

Immediate cause of death	Duration
Infarction of myocardium	
Coronary Thrombosis	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Infarction
of autopsy: Infarction of myocardium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.
Address Franklin Sq Hosp Date signed 5-18-48

VS 150

X

663352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

Registered No. 663352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DOROTHY E. EWING

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Olin Ewing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 29, 1900

8. AGE: Years 47 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Washington Clough
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Hattie Clark
15 Birthplace: Maryland

16 (a) Informant: Olin Ewing
(b) Address: 436 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory: Meadow Ridge
Location: Montgomery Co. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 217 St. Paul St

19 MAY 19 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1948 to May 17 1948 and that I last saw her alive on May 17 1948.

Immediate cause of death	Duration
uremia coma	
Due to possible chronic glomerular nephritis	
Due to	
Other Conditions jaundice	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. B. Leath M.D. M. D.
Address Mercy Hospital Date signed 5/18/48

VS 150

G53353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. 66353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6028 Old Harford R
(c) Hospital or institution: 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Willow Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmire Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Henry Lawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23rd 1856

8. AGE: Years	Months	Days	If less than one day
91	10	25	hr. min.

9. Birthplace Sharpsburg Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Beamer
13. Birthplace Sharpsburg Md.

MOTHER
14. Maiden Name Ann C. Wichelns
15. Birthplace Sharpsburg Md.

16 (a) Informant Robert Lawson
(b) Address 638 Willow Ave.

17 (a) Burial (b) Date thereof 5/21/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 19 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 May 1948, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1947, to May 18 1948, and that I last saw her alive on May 15 1948.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	10 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammer Jr.
Address 5015 Lendlan Ave. Date signed 18 May 48

X

663554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 663554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 26-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6519 St. Helena Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joshua Rutherford Linne

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Zada Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1878

8. AGE: Years 69 | Months 9 10 | Days 22 15 | If less than one day hr. min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation
11. Industry or business Crown Cork & Seal

FATHER
12. Name Andrew Linne
13. Birthplace Sweden

MOTHER
14. Maiden Name Hannah Olsen
15. Birthplace Sweden

16 (a) Informant Milton A. Linne
(b) Address 823 N. Eutaw St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory Mainz Presbyterian
Location Mainz, Minnesota

18 (a) Funeral director William Cook Inc.
(b) Address 1487 St. Paul St.

19 (a) MAY 19 1948 (Date rec'd by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/48 19 . at 1155 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5/48 to 5/17/48, and that I last saw h. alive on 5/12/48

	Duration
Immediate cause of death: Cardio Respiratory Failure	
Due to: Leukemia	
Due to:	
Other Conditions: pleural effusion	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Leukemia

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton A. Barth

Address 1400 Cowlin Date signed 5/19/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 663355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.C.H.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19-04

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian C. Church

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-9330

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Separated

6 (b) Name of ~~husband or~~ wife: Mary E. Church

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 9th 1891

8. AGE: Years: 56 | Months: 5 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Woodworker

11. Industry or business: Woodcraft Toy Co.

FATHER — 12. Name: Harry Church
13. Birthplace: Balto. Md.

MOTHER — 14. Maiden Name: Laura Saum
15. Birthplace: Balto. Md.

16 (a) Informant: Mary E. Church
(b) Address: 860 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St.

19 MAY 19 1948 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/48 at 9:25 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: P. A. Larsen Jr. Medical Examiner. M.D.
Date signed 5/18/48

G63356
E.M.-119741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

Registered No. G63356

The following item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH ONE ADDING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Eddie Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 1, 1910

8. AGE: Years 38 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: John Collins (D)
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Maggie Shern (D)
15. Birthplace: North Carolina

16 (a) Informant: B.C.H.Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory
Location Norlina N. Carolina

18 (a) Funeral director Mrs. Pitt. J. Elliott & Dgt
(b) Address 1129 N. Carolina St.

19 (a) MAY 19 1948 (Date rec'd by local registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-48 19 , at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-48 19 to 5-18- 19 48, and that I last saw h alive on 5-18- 19 48.

Immediate cause of death: Cerebral Hemorrhage ? portine — Duration: 3 days
Due to: Hypertensive vascular disease — years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 5-18-48

663357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. 663357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — D.O.A.
(b) Street address
(c) Hospital or institution: FRANKLIN SQUARE HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27-10

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5309 ST. GEORGE AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~John R Arnold~~ JOHN RILEY ARNOLD

3 (b) If veteran, name war WW II

3 (c) Social Security Account No. —

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** M

6 (b) Name of husband or wife ELIZABETH E. ARNOLD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 27, 1907

8. AGE: Years 41 | Months 1 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace GIBSON COUNTY, TENN (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business SCHMIDT BAKING CO.

FATHER
12. Name ? ARNOLD
13. Birthplace ? MORAN

MOTHER
14. Maiden Name TENN.
15. Birthplace ~~ELIZABETH E ARNOLD~~

16 (a) Informant MRS. ELIZABETH E. ARNOLD
(b) Address 5309 ST. GEORGES AVE - 12

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** 5/21/48 (month) (day) (year)
(c) Cemetery or crematory LORDEN PK
Location BALTO. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 MAY 19 1948 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 1948 at 6:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic Cardio-Vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm A Kammerer M.D. Medical Examiner.
Date signed 17 May 1948

VS 151

663358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663358 Registered No.

READ THESE PAGES CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 E. 35th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9.0 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 E. 35th ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT ALBERT LEES

3 (b) If veteran, name war No | 3 (c) Social Security Account No. yes

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARY A. LEES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUL. 18, 1884

8. AGE: Years 63 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace BALTO. MD.
(Town, county, and state)

10. Usual Occupation
11. Industry or business BETHLEHEM STEEL Co.

FATHER
12. Name CHRISTIAN LEES
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY E ?
15. Birthplace GERMANY

16 (a) Informant MRS. MARY A. LEES
(b) Address 1205 E. 35th ST

17 (a) BURIAL (b) Date thereof 5/20/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location BALTO Co. MD

18 (a) Funeral director Wm J. TICKNER & SONS
(b) Address BALTO MD

19 (a) MAY 19 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19— to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death Coronary occlusion — Pronounced dead by
Due to me on 5/17/48.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Lyerly
Address 3968 Greenmount Ave Date signed 5/19/48. M.D.
Howard J. Mullen, M.D.

663359
AB-118280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 49

Registered No. 663359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 11-61
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Woolmer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife James R. Woolmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 27 1863

8. AGE: Years	Months	Days	If less than one day
84	4	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation ? none
11. Industry or business

FATHER
12. Name ~~[illegible]~~ MATHIAS AMENT
13. Birthplace ~~Baltimore, Md.~~ GERMANY

MOTHER
14. Maiden Name Catherine Creamer
15. Birthplace Baltimore, Md.

16 (a) Informant ~~Records-Baltimore City Hospitals~~ JAMES R. WOOLMER JR.
(b) Address ~~4940 Eastern Ave.~~ 2203 Mt. Holly St.-16

17 (a) Burial (b) Date thereof 5/21/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTO. MD.

18 (a) Funeral director Wm. T. TICKNER & Son
(b) Address Balto. Md.

19 (a) MAY 19 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 5.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19- 1948 to 5-17- 1948, and that I last saw her alive on 5-17 1948.

	Duration
Immediate cause of death Septicemia	Days
Due to INGUINAL Ingrowing abscess & thrombophlebitis	Days
Due to: metastatic CA of vulva	2 yrs
Other Conditions generalized arteriosclerosis	yrs

(Include pregnancy within 3 months of death)

Date of operation 1947
Major findings of operation: CA of vulva
of autopsy: CA of vulva, nephrectomy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.
Address Balt. City Hosps. Date signed 5/18/48

X

663360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. 663360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St
(c) Hospital or institution: Franklin Sq. Hosp. 2705
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo 8da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8027 Oakcrest Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lucy Belle Whitaker.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W.
6 (a) Single, married, widowed, or divorced. Mr. J.
6 (b) Name of husband or wife Lamar K. Whitaker
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 12/6/1878

8. AGE: Years 69 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John Pelton
13. Birthplace Cumberland, Md

MOTHER
14. Maiden Name Addie Lou Rutherford
15. Birthplace Balto., Ohio.

16 (a) Informant Daughter - Marcileann White
(b) Address 8027 Oakcrest Ave., Balto

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location Balto Co, Md.

18 (a) Funeral director Wm. H. TICKNER & Sons
(b) Address Balto., Md.

19 (a) MAY 19 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1948, at 8 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to May 18 1948.
and that I last saw h. alive on May 18 1948.

Immediate cause of death	Duration
Generalized Debility	
Due to Carcinoma of the Rectum & Intestinal metastases	
Due to	
Other Conditions Diabetic Mellitus	

(Include pregnancy within 3 months of death)
Date of operation 1/12/48
Major findings of operation: Carcinoma of the Rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B Schrock M. D.
Address Franklin Sq. Hosp. Date signed 5-15-48

VS 150

X SchRock

663361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111 B

663361 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4906 Ross Road
(c) Hospital or institution: 27-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4906 Ross Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Ellsworth Coleman

3 (b) If veteran, name war: 1st World
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Hannah L. Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1 1891

8. AGE: Years 57 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Engineer P.R.R.
11. Industry or business Retired 8 years

FATHER
12. Name Wallace Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine C. Hobbs
15. Birthplace Maryland

16 (a) Informant Mrs. Hannah L. Coleman
(b) Address 1316 Weldon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3431 Falls Road

19 (a) MAY 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Yes death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Pelbeck M.D. Medical Examiner.
Date signed May 17, 1948

663362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 663362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Cliftwood Avenue
(c) Hospital or institution: 8-0-V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Cliftwood Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Dora Alice Faith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6. (b) Name of husband or wife Walter David Faith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3-1884

8. AGE: Years 63 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Hazelton Pennsylvania (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Rudolph Bishel
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Unknown
15 Birthplace Pennsylvania

16 (a) Informant Walter D. Faith
(b) Address 2120 Cliftwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-1948 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) 10 1948 (Date rec'd by registrar) Hunstington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18- 1948, at 3-10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1947 to May 18 1948, and that I last saw h[illegible] alive on May 7 1948.

Immediate cause of death Generalized carcinomatosis — Duration 6 mo.

Due to Carcinoma cervix " " rectum — 2yr? 2yr?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos J Shazano M. D.
Address 2802 Hayford Rd Date signed 5/15/48

VS 150

663363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 663363

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere Ave
(c) Hospital or Institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 7 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State My (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Fremont & Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA SNYDER

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Isaac
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1865
8. AGE: Years 83 | Months | Days | If less than one day hr. min.
9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sam Snyder
(b) Address 273 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Bel Rd & Hamilton Ave
18 (a) Funeral director Jack Levin Inc
(b) Address 2100 Eutaw Place
19 MAY 19 1948 (Date rec'd by registrar) (b) Huntington Williams Mt

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18 1948 at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1947 to 5-18 1948 and that I last saw h[illegible] alive on 5-18 1948.

Immediate cause of death Cerebral hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions Diabetes mellitus — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Vogel M. D.
Address Levindale Home Date signed 5-19-48

VS 150

83a

663364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 22a

Registered No. 663364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital 8-03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Port St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MR EDWOOD L. COATES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Frances A. Coates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8-25-18

8. AGE: Years	Months	Days	If less than one day
29	8	23	hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Shipping

FATHER 12. Name Edward Coates

13. Birthplace Penna.

MOTHER 14. Maiden Name Florence Tilley

15 Birthplace Delaware

16 (a) Informant Mrs Frances A. Coates

(b) Address 1116 N. Port St

17 (a) Buried (b) Date thereof 5-20-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director John C. Malley Inc

(b) Address 2426 E. Oliver St

19 (a) May 20 1948 Huntington Williams, M.D.
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1948, at 7:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1948 to 5-17 1948, and that I last saw h. alive on 5-17 1948

Immediate cause of death	Duration
Uremia	
Due to Weils Disease ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Fisher M. D.

Address Bon Secours Hosp Date signed 5-17-48

663365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Danville (If outside city or town limits, write RURAL and give town)
(d) Street No. Brent Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - - 1896

8. AGE: Years 52 | Months - | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Iver Lee
13. Birthplace N. C.

MOTHER
14. Maiden Name Jennie Rone
15. Birthplace N. C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory Danville
Location Danville, Va

18 (a) Funeral director Wm. D. Nelson
(b) Address 1312 Pennsylvania Ave

MAY 19 1948 (Date rec'd by Registrar) (b) Kathryn Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 11-a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-1948 to 5-18-1948, and that I last saw h[illegible] alive on 5-18-1947.

Immediate cause of death	Duration
(1) Shock	3 mins
Due to (2) Rupture of aortic aneurysm	10 yrs
Due to (3) Syphilis, Cardio-Vascular	28 yrs
Other Conditions. CNS Involv	

(Include pregnancy within 3 months of death)

Date of operation 5/18/48

Major findings of operation: Wirsung of aneurysm

of autopsy: Rupture of aneurysm

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Edgerton M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

663566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. 663566

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: PROVIDENT HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 16-07

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Strieker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Foy McKenzie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/1916

8. AGE: Years 32 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Emma McKenzie
13. Birthplace Alabama

MOTHER
14. Maiden Name Willie Fuyer
15. Birthplace Alabama

16 (a) Informant Willie McKenzie
(b) Address 1134 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory Enfaula
Location Enfaula, Alabama

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Broadway St.

19 MAY 19 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 17, 1948 at 6:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet-wound of abdomen, with perforations of intestines and liver, and generalized peritonitis.
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: approx 10:35 P.
(a) Date of injury 5-7-48 at M.
(b) Where did injury occur? Parrish & Riggs Streets
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 5-18-48

VS 151

X

663367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

663367
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
The Seton Institute
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-9-15
(e) Length of stay in Baltimore (yrs., mos., or days) 10-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Valley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Noel Adeline Guibert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1867

8. AGE: Years 81 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Rennes, France
(Town, county, and state)

10. Usual Occupation Little Sister of the Poor

11. Industry or business

FATHER
12. Name Aristid Guibert
13. Birthplace France

MOTHER
14. Maiden Name Rose Rossignol
15. Birthplace France

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd., Balto. 15, Md.

17 (a) Burial (b) Date thereof May 20, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 Cathedral [illegible]

MAY 19 1948
(Date received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1948, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1947, to May 17 1948, and that I last saw h[illegible] alive on 19

Immediate cause of death coronary occlusion — Duration 1 day

Due to

Due to

Other Conditions Psychoneurosis with arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Dagon M. D.
Address 336 Holbrook Bldg. (State plainly)

X

663368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapel Gate Lane
(c) Hospital or institution: Pinecrest Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 07

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4143 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Sachse

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6. 1854

8. AGE: Years 94 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Jacob F. Harvey
13. Birthplace Md

MOTHER
14. Maiden Name Martha Jones
15. Birthplace Md

16 (a) Informant Mrs. Lillian Schoenhuesen
(b) Address 4143 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 20 48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Milton Ave & Rose St

18 (a) Funeral director Howard V. Blight Jr.
(b) Address 6009 Harford Road

19 (a) MAY 1948 (Date rec'd by reg.) (b) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1947 to 17 May 1948, and that I last saw her alive on 17 May 1948.

Immediate cause of death	Duration
Myocardial failure	1 day
Due to Arteriosclerotic cardio-renal disease with myocardial and	Uncertain
Due to cerebral degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil H. Henning Jr. M. D.
Address 4580 Edmondson Ave Date signed 18 May 48

V S 150

663369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or ~~INSTITUTION~~ St. Joseph's 8-04
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 N. Collington Ave. (If rural, give location)
(e) Citizen of foreign country? Ohio (Yes or No)
If yes, name country

3 (a) FULL NAME Whittie, William Joseph

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 216-18-7099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Eva B. Wagner (Bertha C.)
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) May 1, 1880

8. AGE: Years	Months	Days	If less than one day
68	0	16	17 hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Pensioner
11. Industry or business B. T. Co.

FATHER
12. Name William Whittie
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Connor
15. Birthplace Baltimore County, Md.

16 (a) Informant William W. Whittie
(b) Address 3554 Juneway, Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) MAY 21 1948 (Date received by registrar) (b) Registrar Nellie Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1948 19 ... 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1948 May 18, 1948, and that I last saw him alive on May 18, 1948

Immediate cause of death	Duration
Congestive heart failure	
Due to arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. May M. D.
Address 1400 N. Caroline St. Date signed May 18/48

VS 150

G63370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G63370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 South Linwood Avenue
(c) Hospital or institution: None 1-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 South Linwood Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country – – – –

3 (a) FULL NAME ELIZABETH GLANCE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: ?

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William J. Glance
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1882

8. AGE: Years 65 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Ernest Henry Walters
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Magdalene Schultz
15. Birthplace: Germany

16 (a) Informant: Lillian White - daughter
(b) Address: 2418 Fait Avenue, Balto. 24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/1948 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Eastern Avenue Extension

18 (a) Funeral director: Lilly & Zeiler Inc.
(b) Address: 1901 Eastern Avenue Balto. 31

19 (a) MAY 19 1948 (Date received by registrar) (b) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18th. 1948, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1947 to May 18, 1948 and that I last saw h[illegible] alive on May 18, 1948

Immediate cause of death	Duration
(a) Cerebral Hemorrhage	3 days
Due to (b) Carcinoma of Uterus	?
Due to (c) Chronic Interstitial Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 5/19/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

G63371 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G63371

CERTIFICATE OF DEATH 74a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Md
(c) Hospital or institution University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County York.
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Penn ave
(If rural give location)
(e) Citizen of foreign country? Citizen (Yes or ~~No~~)
If yes, name country York Co

3 (a) FULL NAME Kenneth M Cline

3 (b) If veteran, name war no

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pauline Wagner

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) July 24 1913

8. AGE: Years 34 | Months 9 | Days 24 | If less than one day — hr. — min.

9. Birthplace Hanover Pa
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Maurice Cline
13. Birthplace Yorkco Pa

MOTHER
14. Maiden Name Aleta Meppes
15. Birthplace York Co Pa.

16 (a) Informant Mrs K M. Cline
(b) Address 209 Penn ave Hanover Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem
Location Hanover Pa

18 (a) Funeral director Landis Wintrode Bond
(b) Address Manchester Md

19 (a) Temporary Williams Mortuary
(Date received by registrar)

MAY 19 1948
VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 May 1948, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 May 1948, to 18 May 1948, and that I last saw him alive on 18 May 1948.

Immediate cause of death Resp. & Cardiac Failure
Cause unknown

Duration

Due to

Due to Acute Monocytic Leukemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Large Fatty Heart Multiple Hemorrhages

Results of autopsy Cardiac Dilatation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Jamison

Address University Hosp Baltimore Maryland Date signed 5-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63372 ✓ G63372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. _____

G63372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: Sinai Hospital 15-0x
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 N Payson St (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Joseph Levin

3 (b) If veteran, name war _____

3 (c) Social Security Account No. 220-24-8253

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Late Mary

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day _____ hr. _____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation _____

11. Industry or business Cap Maker

FATHER 12. Name unknown
13. Birthplace Russia

MOTHER 14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Frank Levine
(b) Address 4412 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men Cem.
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) 19 1948 (Date rec'd by registrar) (b) _____ Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 May 1948, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 April 1948 to 19 May 1948, and that I last saw h[illegible] alive on 19 May 1948

Immediate cause of death cardiac failure

Due to myocardial infarct ?

Due to _____

Other Conditions Cancer of bladder

(Include pregnancy within 3 months of death)

Date of operation 21 April 48

Major findings of operation: Cancer of bladder

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Irving Scherlis
Address Sinai Hospital Date signed 19 May 48 M. D.

Huntington Williams

Irving Scherlis M.

663373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. 663373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Robert BENSON

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 36 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Willie Simons
(b) Address 1110 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Bloomsbury Ave
(c) MAY 19 1948 Washington Hill Johns, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1948 at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute dilatation of heart
Acute edema of lungs.
Fatty degeneration of liver.

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 5/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

G63574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins 6-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hassie Bosley Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Johnston S. C. (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant: Irvin Bosley

(b) Address 134 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)

(c) Cemetery or crematory

Location South Carolina

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Bryant Ave.

19 (a) MAY 19 1948 (date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/48 19 , at 4:30 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Cerebral Hemorrhage

Due to Hypertensive Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.

Date signed 5/18/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63375

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 Elmhurst ave
(c) Hospital or institution: 27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Elmhurst Ave (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country ---------

3 (a) FULL NAME J. Alan Fledderman Joseph Alan Fledderman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lydia E. Ball

6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1868

8. AGE: Years 80 | Months 1 | Days 25 27 | If less than one day --hr. ---min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Confectioner

11. Industry or business -------

FATHER 12. Name Henry G. Fledderman

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Stolpp

15. Birthplace Maryland

16 (a) Informant Mrs. Lillie F. Frederick

(b) Address 7 Elmhurst Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son

(b) Address 805 N. Calvert Street

19 (a) Transcription for Williams, M.D. (Signature of registrar) Registrar

MAY 19 1948

VS 150

MEDICAL CERTIFICATION 48

20. DATE OF DEATH May 18 1948 at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 18 1948 and that I last saw him alive on May 18 1948

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G Redfeck

Address 5006 Roland Ave Date signed 5/20/48

663376

BALTIMORE CITY HEALTH DEPARTMENT ✓ 663376

CERTIFICATE OF DEATH 94a

Registered No.

Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 Castlewood Road
(c) Hospital or institution: 22-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Castlewood Road
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country ---------

3 (a) **FULL NAME** Carmella K. Sheehan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Michael Sheehan
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr) Apr. 2, 1912

8. AGE: Years	Months	Days	If less than one day
36	1	16	-- hr. --- min.

9. Birthplace Davenport, Iowa
(Town, county, and state)
10. Usual Occupation ---------
11. Industry or business ---------

FATHER
12. Name Henry Kahl
13. Birthplace Iowa

MOTHER
14. Maiden Name Elizabeth Gerkey
15. Birthplace Wisconsin

16 (a) Informant Michael Sheehan
(b) Address 106 Castlewood Road

17 (a) Burial (b) Date thereof 5/21/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meads and Son
(b) Address 805 W. Calvert Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 19 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 18 1948, at 9.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-17 1948 and that I last saw her alive on 5-17 1948.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. H. Ryan, M.D.
M. D.
Address 11 E. Chase St. Date signed 5-18-48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

X ✓ 663377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. River Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Byron E. Mercer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of ~~husband~~ or wife: late, MARGARET E (ELSWORTH)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 10, 1886

8. AGE: Years: 62 | Months: 1 | Days: 8 | If less than one day: hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation LOCOMOTIVE FIREMAN

11. Industry or business B & O. RR.

FATHER
12. Name CHARLES A MERCER
13. Birthplace MD

MOTHER
14. Maiden Name LAVINA POOLE
15. Birthplace MD

16 (a) Informan: Mr Roy EYLER
(b) Address LINTHICUM, MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 22 '48 (month) (day) (year)
(c) Cemetery or crematory PROSPECT
Location MT. AIREY

18 (a) Funeral director Harry L. White
(b) Address 4101 Edmondson Ave

19 (a) MAY 20 1948 (b) Harrington Williams, Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 4:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis
Advanced Atherosclerosis
Due to

Other Conditions Atherosclerosis, Hypertrophy & Dilatation of heart, Myocardial degeneration (old)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 5-19-48

9da

663378 Smith
1223 E. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

663378
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yr 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua B. Noyes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1867

8. AGE: Years	Months	Days	If less than one day
80	11	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David Noyes
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Cornelius
15. Birthplace Md.

16 (a) Informant Mr. Frank Smith
(b) Address 1613 N. Bond St.

17 (a) Burial (b) Date thereof 5-22-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) MAY 19 1948 (b) Washington Nat'l. Mem. Park
(Date rec'd by registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1947 to 5-19 1948
and that I last saw h him alive on 5-18 1948

Immediate cause of death	Duration
Nephrosclerosis -	
Uremia	
Due to Arteriosclerosis	
Due to Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. O. Smith M. D.
Address 1223 E North Date signed 5-19-48

663379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 663379

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Carroll Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) 25 or Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Carroll Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Helen Florin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James Joseph, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1875

8. AGE: Years	Months	Days	If less than one day
72	6	15	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Solliner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. James J. Florin
(b) Address 2809 Carroll Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road' #14

19 MAY 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1946 to May 18 1948, and that I last saw h[illegible] R alive on March 11 1948.

Immediate cause of death Arteriosclerotic C-V-D — Duration 10 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rossberg M. D.
Address 2411 Washington Blvd Date signed 5/19/48

X

663380

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 663380

CERTIFICATE OF DEATH 157M

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 836 S. Potomac St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
2			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Miller
15. Birthplace Md.

16 (a) Informant Jane Barnes
(b) Address 836 S. Potomac St Hagerstown Md

17 (a) Burial (b) Date thereof May 22, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.

18 (a) Funeral director Fred. T. Grasso
(b) Address 139 N. Potomac St. Hagerstown Md

MAY (a) 19 1948 (b)
(Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 19 1948, and that I last saw h[illegible] alive on May 19 1948.

Immediate cause of death	Duration
peripheral vascular failure	
Cardiac arrest	
Due to medullary failure	
Due to congenital absence - neural defect	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Exploratory 5/19
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jo Shea
Address Univ. Hospital Date signed 5/19/48 D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663381 ✓ 663381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12 1a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Park Ave
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Summerfield D. Auld

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Ada Auld
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 27 1873

8. AGE: Years	Months	Days	If less than one day
75	2	19	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Mech. Eng.
11. Industry or business U. S. Govt.

FATHER
12. Name Benjamin F. Auld
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine A. W. Clark
15. Birthplace Balto. Md.

16 (a) Informant Laura C. LaFoe
(b) Address 1608 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 124 W. Saratoga St. Baltimore, Md.

19 (a) MAY 19 1948 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 11a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1947 to 18 May 1948 and that I last saw him alive on 18 May 1948.

Immediate cause of death (a) Myocardial Degeneration
(b) Arteriosclerotic Cardiovascular renal disease with Chronic decompensation 4 months. — Duration: 3 wks. - years. -
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Laurista L. Kerr M.D.
Address 1938 Linden Ave Date signed 18 May 48

VS 150

G63382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . 14

G63382 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Red Lion (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D #1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence W. Saylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) unknown

8. AGE: Years 1 | Months 13 | Days | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clarence M. Saylor
13. Birthplace Pa.

MOTHER 14. Maiden Name Jane Everhart
15. Birthplace Pa.

16 (a) Informant Mary Saylor
(b) Address Red Lion #1 Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ East End
Location York Co. Pa

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

MAY 19 1948 (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 19 1948, and that I last saw h.im alive on May 19 1948.

Immediate cause of death: cardio resp: failure — Duration: 1 day

Due to: Tuberculosis Meningitis — Duration: 1 month

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation ventriculogram 5/17
Major findings of operation: generalized Ventric: dilatation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Shear M.D.
Address 4515 Eastern Ave Date signed 5/19/48

VS 150

663383

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 663383

CERTIFICATE OF DEATH 122a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Delta (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John Steele Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mrs Mary Steele
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2 1878

8. AGE: Years	Months	Days	If less than one day
70	0	17	hr. min.

9. Birthplace Delta, Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Steele, Sr.
13. Birthplace Penna

MOTHER
14. Maiden Name Margaret Madson
15 Birthplace Penna.

16 (a) Informant Mrs. Mary Steele (wife)
(b) Address Delta Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22 48 (month) (day) (year)
(c) Cemetery or crematory Mt Nebo
Location Delta, Pa.
18 (a) Funeral director H. P. Hankins
(b) Address Delta, Pa
19 (a) MAY 19 1948 (Date rec'd by registrar) (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948 at 10 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1948 to May 19 1948 and that I last saw h[illegible] alive on May 19 1948

	Duration
Immediate cause of death: Multiple pulmonary emboli	2 hrs
Due to Arteriosclerotic heart disease	several years
Due to	
Other Conditions: Pulmonary type hernia reduced at operation (Include pregnancy within 3 months of death)	21 days ago

Date of operation April 30, 1948
Major findings of operation: Richter's type right femoral hernia.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury
23. Signature Arthur Alford M. D.
Address Union Mem Hosp Date signed 5-19-48

VS 150

X

663384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. 663384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St. Joseph's Hospital 1-04
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 44yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 Boston Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Antonina Sobotka

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/75

8. AGE: Years 72 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Anthony Renik
13. Birthplace Poland

MOTHER
14. Maiden Name Jozefa Mieczkowski
15. Birthplace Poland

16 (a) Informant Mrs. Bronislawa Chrzanowski
(b) Address 2312 Boston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery St. Stanislaus
Location Baltimore Maryland.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

19 (a) MAY 20 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1948, to 5/19 1948, and that I last saw her alive on 5/19 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebrovascular Accs.	
Due to Arteriosclerotic CVD	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature VINCENT DE P. FITZPATRICK M.D.
Address Date signed 5/19/48

VS 150

G63385

GM. 107156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G63385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Elwood AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Schriver

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-24-2729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15- 1929

8. AGE: Years	Months	Days	If less than one day
18	7	3	hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation Wrapper

11. Industry or business Arnet Laundry

FATHER
12. Name William B. Schriver
13. Birthplace MD.

MOTHER
14. Maiden Name Lillian (D) Barr
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-48 (month) (day) (year)
(c) Cemetery or crematory Bal Lawn Mem. Park
Location Eastern Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) MAY 20 1948 (b) Registrar Huntington Williams M.D.

VS 133

MEDICAL CERTIFICATION

20. DATE OF DEATH 5- 18- 1948, at 11.30AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 28- 1946, to 5 - 18 - 1948, and that I last saw her alive on 5 - 18 - 1948

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.

Address Baltimore City Hos. Date signed 5-18-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

G63386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 560 Orchard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June ? 1895
8. AGE: Years 52 | Months 11 | Days | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane ?
15. Birthplace Md.

16 (a) Informant Henretta Herbelfs
(b) Address 560 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) MAY 20 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 3:05 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
2nd-3rd Burns
90% of body.
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 17/1
(a) Date of injury 5-17-48 at 9:00 a. M.
(b) Where did injury occur? 560 Orchard St.
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury conflagration of room

23. Signature [signature] M.D. Medical Examiner.
Date signed 5-18-48

VS 151

BC-48-10510

663387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 663387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 5hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5600 Cardiff Ave.,
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick George Burkhardt, Jr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1948

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 5 hr. 40 min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Frederick George Burkhardt, Sr.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary Elenora Booney
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Frederick G. Burkhardt
(b) Address: 5600 Cardiff Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/48 (month) (day) (year)
(c) Cemetery or crematory: St. Pauls cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC
(b) Address: NORTH AVE. & BROADWAY

19 (a) MAY 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1948, to 5/19 1948, and that I last saw him alive on 5/19 1948.

Immediate cause of death	Duration
Respiratory failure	5 hr.
Due to Prematurity	2 Days
Due to Premature Delivery because of Pre-eclamptic toxemia (22-25 wks preg)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James L. Shorter, M. D.
Address: St. Josephs Date signed 5/19/48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63388 BC-FORM 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16/a

Registered No. G63388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Port St.
(c) Hospital or institution: 8-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Port St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Lee Siegar

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1948

8. AGE: Years 0 | Months 4 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Daniel Louis Siegar
13. Birthplace 1611 N. Port Street

MOTHER
14. Maiden Name Minnie Lang
15. Birthplace Baltimore, Md.

16 (a) Informant Daniel L. Siegar - father
(b) Address 1611 N. Port Street - 13

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) MAY 20 1948 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948, at 9 50 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH atelectasis of lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hodge S. Merrill M.D. Medical Examiner.
Date signed 5-18-48

VS 151

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) R
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Taylor Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 56 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation H. W

11. Industry or business

FATHER 12. Name William Johnson

13. Birthplace Md

MOTHER 14. Maiden Name Mary Fisher

15. Birthplace Md

16 (a) Informant James Taylor

(b) Address 809 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 48 (month) (day) (yr.)

(c) Cemetery or crematory Arbutus Mem Park

Location Balto County

18 (a) Funeral director Isaiah F Brown Son

(b) Address 1080 W Montgomery St

19 (a) May 20 1948 (b) Huntington Williams M.D.
Registered by registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature George E Merrill M.D.
Medical Examiner.

Date signed 5/17/48

663390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663390 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franciszka Kucharek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: housework

11. Industry or business

FATHER
12. Name: Jan Marczak
13. Birthplace: Poland

MOTHER
14. Maiden Name: ?
15. Birthplace: Poland

16 (a) Informant: Walter Kucharek
(b) Address: 922 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 22/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary Cemetery
Location: German Hill Rd.

18 (a) Funeral director: John J. Duda
(b) Address: 2829 Hudson St.

19 (a) 20 1948 (Date received by registrar) (b) Katherine for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1948, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 19 1948, and that I last saw h[illegible] alive on 5-19 1948.

	Duration
Immediate cause of death: Ulcer duodenum Hypertension C. V. Disease	
Acute Coronary Thrombosis	5-1-48
Due to Acute Coronary Occlusion	5-19-48
Due to	
Other Conditions: Senility	

(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. Eastwood M. D.
Address: 842 S. Eastern Date signed: 5-20-48

V S 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

063391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 063391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 461 Schwartz Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
12
(d) Street No. 461 Schwartz Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Price White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1861

8. AGE: Years	Months	Days	If less than one day
87	2	13	hr. min.

9. Birthplace Charlottesville, Va. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Walker
13. Birthplace Charlottesville, Va.

MOTHER
14. Maiden Name Malinda Hickman
15. Birthplace Richmond, Va.

16 (a) Informant James D. White
(b) Address 461 Schwartz Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1948 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest.
Location Towson, Md.

18 (a) Funeral director Holland Funeral Home
(b) Address 1651 Druid Hill Ave

19 (a) MAY 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 19 48 Ap. Y. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 19 48 to May 18 19 48 and that I last saw her alive on May 17 19 48

Immediate cause of death Coronary Thrombosis — Duration 5 Days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Thompson M.D.
Address 1123 E. Madison Date signed 5/19/48

X

663392

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 663392

CERTIFICATE OF DEATH 184

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address Broadway & Monument Sts.
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Charles
(c) City or town Hughesville,
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Carroll Buckler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-5-1941

8. AGE: Years	Months	Days	If less than one day
6	7	13	hr. min.

9. Birthplace Hughesville Md
(Town, county, and state)

10. Usual Occupation At School

11. Industry or business —

FATHER
12. Name Edward Louis Buckler
13. Birthplace St Marys Co. Md

MOTHER
14. Maiden Name Lenora Buckler
15. Birthplace Benedict Md

16 (a) Informant Edward L. Buckler
(b) Address Hughesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-48 (month) (day) (year)
(c) Cemetery or crematory St Marys Cem
Location Bryantown Md

18 (a) Funeral director Hurd & Ryon
(b) Address Waldorf Md

19 (a) MAY 20 1948 (b)
(Date rec'd by registrar) Huntington Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18 1948, at 10 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-18-48 at 4 P. M.
(b) Where did injury occur? Hughesville, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gun shot wound Rifle. Accidental While playing

23. Signature [signature] M.D.
Medical Examiner.
Date signed 5/19/48

X

663393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 66 B

Registered No. 663393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city limits, write RURAL and give town)
(d) Street 216 E. Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Eichelberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-47

8. AGE: Years | Months 9 | Days 18 | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Eichelberger

13. Birthplace Md

MOTHER 14. Maiden name Madeline Jackson

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1948 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Cemetery

Location Baltimore, Maryland

18 (a) Funeral director Albert L. Felt Jr.

(b) Address 1516 N. Charles St.

19 (Date rec'd by registrar) MAY 20 1948 Pettington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-48 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-48 to 5-18-48, 1948, and that I last saw him alive on 5-18 1948.

Immediate cause of death respiratory failure — Duration

Due to pulmonary fibrosis

Due to Hand-Schuler-Christian disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Jolleau Chisolm Jr.

Address JOHNS HOPKINS HOSPITAL Date signed 5-19-48 M.D.

J. Jolleau Chisolm Jr. X

663594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W. ROGERS AVE
(c) Hospital or institution: HOME FOR THE AGED of the METH. CHURCH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 75 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W. ROGERS AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MARGARET WILLOUGHBY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOWED

6 (b) Name of husband or wife JOSEPH B. WILLOUGHBY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 2, 1863

8. AGE: Years	Months	Days	If less than one day
85	4	16	hr. min.

9. Birthplace CARROLL County, MD.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name ASBURY PHILLIPS
13. Birthplace CARROLL Co. MD.

MOTHER
14. Maiden Name MYRA SHIPLEY
15. Birthplace CARROLL Co. MD.

16 (a) Informant MIRIAM O. COATES-SUPT
(b) Address 2211 W. ROGERS AVE

17 (a) BURIAL (b) Date thereof 5/21/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LRUID RIDGE
Location TOWSON, MD.

18 (a) Funeral director WM. J. FICKER & SON
(b) Address TOWSON, MD.

19 (a) MAY 20 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/1948 at 10 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1947 to April 17 1948 and that I last saw her alive on April 17 1948.

Immediate cause of death	Duration
Myocardial degeneration	3 wks.
Due to Arteriosclerosis	15 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Arthur J. Dawes M. D.
Address 8000 W 32nd St Date signed 5-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

63395 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2417 CREST RD
(c) Hospital or institution:
27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
15
(d) Street No. 2417 CREST RD
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** WILLIAM CLAUDE TRADER

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-01-6734

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife +

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 13, 1884

8. AGE: Years 63 | Months 10 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO., MD.
(Town, county, and state)

10. Usual Occupation CLERK

11. Industry or business THOS. McGRAIN INC.

FATHER
12. Name THOMAS TRADER
13. Birthplace SALISBURY, MD.

MOTHER
14. Maiden Name LAURA SEEGAR
15 Birthplace EASTON, MD.

16 (a) Informant MRS. GEO. C. GODMAN
(b) Address 2417 CREST RD

17 (a) BURIAL (b) Date thereof 5/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ LOUDON PARK
Location BALTO., MD.

18 (a) Funeral director Wm. J. TICHNER & SONS
(b) Address BALTIMORE, MD

19 (a) MAY 20 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH 5/18 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1948 to May 18 1948, and that I last saw h~~im~~ alive on May 4 1948.

	Duration
Immediate cause of death (a) Myocardial infarction	3 weeks
Due to (b) Coronary thrombosis	"
Due to (c) Hypertension arterio-sclerotic heart dis	? ?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Cortelyou M. D.
Address 2217 South Rd Date signed 5/19/48

VS 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663396 BRACKHOFF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8-3B

Registered No. 663396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4805 Morello Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brackhoff Gerhard

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Elisabeth

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Apr. 20 1865

8. AGE: Years 83 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Germany
(City, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Gerhard Brockhoff

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Agnes ?

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs. Brockhoff

(b) Address 4805 Morello, Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 48 (Month) (day) (year)

(c) Cemetery or crematory Moreland Mem. Park

Location Taylor Ave

18 (a) Funeral director E. Fleeman & Son

(b) Address 6078 Harford Rd

19 (a) MAY 20 1948 (Date rec'd by registrar) (b) Interment for Williams, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1948, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1948 to 5-19 1948, and that I last saw h~~ave~~ alive on 5-19 1948.

Immediate cause of death	Duration
Resp. Thrombosis	
Due to Cerebral Thrombosis	
Due to	
Other Conditions Uremia due to Prostatic Hypertrophy +	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. L Thomason M. D.

Address Univ Hosp Date signed 5-19-48

Balto. Md. +

663397 48-1035 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 663397

CERTIFICATE OF DEATH 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Walkers Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Stirling St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Jessup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/19/48

8. AGE: Years | Months | Days | If less than one day 13 hr. 48 min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Frederick Jessup
13. Birthplace

MOTHER
14. Maiden Name Edna Schmidt
15. Birthplace Maryland

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof May 20th 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore

18 (a) Funeral director Dull Bros
(b) Address 3107 Frederick Ave

1948 MAY 20 1948 (Huntington Williams, M.D.)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19 1948, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 19 to 5/19 1948, and that I last saw her alive on 5/19 1948.

Immediate cause of death Respiratory failure — Duration From Birth

Due to Prematurity —

Due to Aspiration of Cervix of Mother Caused Premature

Other Conditions Labor

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. H. Schmidt M. D.
M. D.
Address St Agnes Hosp. Date signed 5-20-48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G63398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Lorman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Basil Brown
13. Birthplace Md

MOTHER
14. Maiden Name Alivia Brown
15. Birthplace Md.

16 (a) Informant Irene Brown
(b) Address Lorman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 20 49 (month) (day) (year)
(c) Cemetery or crematory St. Stephens Cem.
Location Back River Md.

18 (a) Funeral director Alex. A. Elliott + Daughter
(b) Address 1129 N. Caroline St

19 (a) (Date received by registrar) MAY 20 1948 Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 6:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury, found: 5-19-48 at 5:00 2/3 A.M.
(b) Where did injury occur? found: Ft of Recreation Pier
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work? no
(d) Means of injury Found Drowned

23. Signature [signature] Medical Examiner M.D.
Date signed 5-19-48

X

G63399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63399 Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 N. Gilmore St
(c) Hospital or institution: 3 16-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N. Gilmor St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard N. Flood

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-8427

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/4/1885

8. AGE: Years	Months	Days	If less than one day
63	1	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Christopher Floyd

13. Birthplace Md

MOTHER 14. Maiden Name Mary R. Butler

15. Birthplace Md

16 (a) Informant James Flood

(b) Address 1538 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Wm. H. Nelson

(b) Address 1303 Pennsylvania Ave

19 (a) 20 1948 (b) Registered by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-1948, to 5-17-1948, and that I last saw h[illegible] alive on 5-16-1948.

Immediate cause of death Myocarditis — Duration Hours/Days

Due to — Duration

Due to — Duration

Other Conditions Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank A. Saunders M. D.

Address 1029 N. Stricker Date signed 5-19-48

VS 150

G63400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Lauretta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin F. Swanson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Lina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/1872

8. AGE: Years 75 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Isaac Swanson
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret —
15. Birthplace Va

16 (a) Informant Mary Lyree
(b) Address 1903 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Bee. H. Nelson
(b) Address 1303 Presstman St.

19 (a) (Date rec'd by registrar) MAY 21 1948 (b) Registrar Livingston Williamsworth

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 1149 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to May 17 1948 and that I last saw h[illegible] alive on May 17 1948

Immediate cause of death Cerebral Hemorrhage — Duration App 2 day

Due to Hypertension — Duration Unknown

Due to

Other Conditions Arteriosclerotic Gangrene Left foot
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature A. Haywood Shirell M.D.

Address 902 W. Franklin Date signed 5-21-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

663401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Avenue
(c) Hospital or institution: Baptist Home of Maryland 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8½ yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Hodges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Horace Hodges

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18, 1858

8. AGE: Years 89 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace: Pittsylvania Co., Pa. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Archibald Thomas
13. Birthplace

MOTHER
14. Maiden Name: Rebecca Richardson
15. Birthplace

16 (a) Informant: Records, Baptist Home
(b) Address: 1615 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (month) (day) (year)
(c) Cemetery ~~crematory~~: Woodlawn
Location: Woodlawn, Md.

18 (a) Funeral director: Gordon O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 MAY 20 1948 (Date rec'd by registrar) Wilmington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 - 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 19 May 18 1948.
and that I last saw her alive on May 14 1948.

Immediate cause of death	Duration
Diarrhoea for 3 wks	
Arterial Hypertension	
Due to Exhaustion	3 wks
Due to Cardiac failure	

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm R Johnson M. D.
Address: Medical Arts Bldg. Date signed

Wm. R. Johnson X

663402

E.M. 115699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓181

Registered No. 663402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Hargrove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11.1900

8. AGE: Years	Months	Days	If less than one day
48	4	3	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Jefferson
13. Birthplace Virginia

MOTHER
14. Maiden Name Lizzie Brandon
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Wm G Jackson
(b) Address 916 Pennsylvania Ave.

19 MAY 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-48 19 ; at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5- 19 47 to 5-14-48 19 , and that I last saw h. er alive on 5-14- 19 48 .

Immediate cause of death	Duration
Oliguria and uremia	3 days
Due to 2° Burns of hands, feet, buttocks and scrotum	4 days
Due to	7
Other Conditions Hypongonadism	

(Include pregnancy within 3 months of death)

Date of operation 5-10-48

Major findings of operation: Burns as described

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/12

(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-10-48 at 7 M
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital While at work? No
(Specify type of place)
(e) Means of injury Patient sat in tub of hot water.

23. Signature Rush E. Nettervill M. D.

Address Balt. City Hosp. Date signed 5-14-48

VS 150

To Be Approved By Medical Examiner

X

663403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

663403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County ANNE ARUNDEL
(c) City or town Marley Park (Glen Burnie R.D.)
(If outside city or town limits, write RURAL and give town)
(d) Street No. WENDOVER ROAD.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME James Mc Namee

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. 105-24-1858 NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Ruby C. McNamee
NEE, KNOTT.
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) DEC. 14, 1875
8. AGE: Years 72 | Months 5 | Days 4 | If less than one day: hr. min.
9. Birthplace HARFORD Co., Md. (Town, county, and state)
10. Usual Occupation R.R. ENGINEER (RETIRED)
11. Industry or business BALTO. & OHIO R.R.

FATHER
12. Name ISREAL McNAMEE
13. Birthplace Rising Sun, Md

MOTHER
14. Maiden Name MARTHA SINGLETON
15. Birthplace HARFORD Co. MD.

16 (a) Informant Mrs EUNICE M. SMITH
(b) Address MARLEY PARK Glen Burnie Md

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 21, 48 (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN
Location GLEN BURNIE. MD

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie Md

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

MAY 20 1948

VS 183

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1948 at 11 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1948 to May 18 1948, and that I last saw him alive on May 18 1948.

Immediate cause of death	Duration
Uraemia	
Due to peritonitis	
Due to Carcinoma of colon	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Apr 23 48
Major findings of operation: Ca of colon excluding
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R.C. Durall Jr. M.D.
Address University Hosp. Date signed May 8

G63404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keyser & Decklan
(c) Hospital or institution: Mt. Wilson Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Ridgehill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton G. Shelling (WELLING)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Mabel A. Welling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 15 1877

8. AGE: Years: 70 | Months: 11 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: David Welling
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Susan A. Stansbury
15. Birthplace: Carroll Co. Md.

16 (a) Informant: Clinton A. Welling
(b) Address: 2003 Westwood Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 5/24/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Lorraine
Location: Balto. Co. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) MAY 21 1948 (Registrar's signature) (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1948 at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 19 48 to 5/20 19 48.
and that I last saw h 13 alive on 5/20 19 48.

Immediate cause of death: Pneumonia
Lung Abscess
Hyperthermia

	Duration
Due to	
Due to	
Other Conditions: Ca of Sigmoid	

(Include pregnancy within 3 months of death)

Date of operation: 4/20/48

Major findings of operation: Ca of sigmoid

of autopsy: Lung Abscess, Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Norman Fern

Address: M D [illegible] Date signed: 5/20/48

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 Valley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County Balto City
(b) City or town 1225 Valley Street
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Louise Pugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: Henry L. Pugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21st 1868

8. AGE: Years	Months	Days	If less than one day
80	3	28	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16. (a) Informant Alverta Barnes
(b) Address 2000 E. 31st St.

17 (a) Burial (b) Date thereof 5/22/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 21 1948 (Date rec'd by registrar) Huntington for Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 May 1948 at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Rammer Jr. M.D.
Medical Examiner
Date signed 19 May 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/186a

663406 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Layton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27th 1884

8. AGE: Years 63 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Fidelity & Deposit Bldg

FATHER
12. Name: Harry Layton
13. Birthplace: Va.

MOTHER
14. Maiden Name: Emma V. Chiverral
15. Birthplace: Va.

16 (a) Informant: Lucile Conley
(b) Address: 40 W. Biddle St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Oak Lawn
Location: Eastern Ave. Extended

18 (a) Funeral director: Williams Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) MAY 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 12 50 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fracture of skull.
Intracranial hemorrhage.
~~Due to~~ Contusion of brain

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ causes of death, fill in the following:
(a) Date of injury 5-17-48 at 7:30 a.m. 11/2
(b) Where did injury occur? ~~enclosed~~ 38 W. Biddle St. (Hallway)
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Fell down stairway inside

23. Signature: George H. Merrill M.D.
Medical Examiner.
Date signed 5-19-48

X

663407 JL - 118989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

Registered No. 663407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Mansfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Schupple

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1873

8. AGE: Years	Months	Days	If less than one day
75	-	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Benny Schupple
13. Birthplace Germany

MOTHER
14. Maiden Name Maggie Albert
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 20 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 21 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 7PM M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1948 to May 12 1948 and that I last saw him alive on May 12 1948.

Immediate cause of death Renal insufficiency
Due to Obstruction, urinary
Due to Hypertrophy of Prostate
Other Conditions Cystic Heart disease
Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Duration

Date of operation 5-3-48
Major findings of operation: Enlarged Prostate.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin M. Lacy, M.D.
Address Baltimore City Hosp. Date signed 5-19-48

VS 150

137a

G63408
JL - 118708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1243

G63408
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Emory

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1911

8. AGE: Years	Months	Days	If less than one day
36	7	4	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 20 1948
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 21 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948, at 2.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1948 to May 15 1948, and that I last saw her alive on May 15 1948.

Immediate cause of death: Bulbar Pneumonia ? Embolic Thrombosis — Duration: 10 da

Due to

Due to

Other Conditions: Cirrhosis of liver — 10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William M. Straight
Address BCH Date signed 5/18/48

VS .150

111a

163409L - 119306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 163409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians; please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 St. Barnabas Ct -1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 22, 1866

8. AGE: Years	Months	Days	If less than one day
81	8	21	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kirk Parker
13. Birthplace N. C.

MOTHER
14. Maiden Name Betty ?
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Adolphus Halstead

18 (a) Funeral director [illegible]
(b) Address 918 Druid Hill Ave.

19 (a) MAY 21 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 11PM M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 48 to May 13 1948, and that I last saw h im alive on May 12 19 48.

Immediate cause of death	Duration
Unknown	
? Myocardial Infarction	1 Month
Due to Arterio sclerotic	
Cardiovascular Disease	?
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 5-19-48

VS 150

MIERSCH

663410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. 663410

663410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3047 Strickland Sq. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter H. Miersch

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1891

8. AGE: Years 57 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Emerson Hotel

FATHER 12. Name John H. Miersch

13. Birthplace Germany

MOTHER 14. Maiden Name Camille L. Schutz

15. Birthplace Paris France

16 (a) Informant Chas H. Miersch

(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1948 (month, day, year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Robt C & B.M. Walters

(b) Address Pratt & Stricker Sts

19 (a) MAY 21 1948 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary thrombosis.

Acute edema of lungs

Due to

Other Conditions Syphilitic aortitis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.

Date signed 5-19-48

94a

K. Every item of information should be carefully supplied. The
SE WRITE PLAINLY, WITH UNFADING INK. E
rrect age is especially important. Physicians: please wr
e write the causes of death clearly and legibly.

G63411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3526 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3526 Hickory Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie R Weis

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: William L Weis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1880

8. AGE: Years 67 | Months 7 | Days 22 | If less than one day: hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Samuel Evemin
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Yost
15. Birthplace Md

16 (a) Informant William L Weis
(b) Address 3526 Hickory Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 22/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave Balto

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2400 E Orleans St

19 (a) MAY 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1945, to May 20 1948, and that I last saw h.e.r. alive on May 19 1948

Immediate cause of death	Duration
Cardiac Failure	1 Month
Due to Arteriosclerotic C V D	10 years
Due to	
Other Conditions Bronchopneumonia	2 weeks

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend M. D.
Address 148 E Eager St Date signed 5/20/48

VS 150

663412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. 663412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Darley Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J Linker

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Bernice B Linker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1863

8. AGE: Years 84 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county and state)

10. Usual Occupation Retired
11. Industry or business Cigar Maker

FATHER
12. Name William Linker
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Bernice B Linker
(b) Address 1717 Darley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-1948 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Lutheran Cemetery
Location Edmondson Lane

18 (a) Funeral director Albert L Hilt Jr
(b) Address 1606 N Chester Street

19 MAY 21 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19- 1948, at 10 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1948, to 5-19 1948 and that I last saw him alive on 5-19 1948.

Immediate cause of death: Terminal pneumonia
Hypostatic pneumonia Arteriosclerotic Cardiovascular disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within three months of death)

Date of operation: Autopsy
Major findings of operation: Acute lobar pneumonia, Chronic interstitial nephritis, Arteriosclerosis
of autopsy: Chronic interstitial nephritis, Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Bateman M.d M. D.
Address W Balto Gen Hosp Date signed 5-20-48

937

G63413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 23 E. Ostend St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E. Ostend St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie F. Otter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John G. Otter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1885

8. AGE: Years 63 | Months 2 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Daniel Hennessy
13. Birthplace Ireland

MOTHER 14. Maiden Name Catharine Buckley
15. Birthplace Va.

16 (a) Informant John G. Otter
(b) Address 23 E. Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3900 E. Baltimore St

19 (a) MAY 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 48 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 19 48 to May 20 19 48 and that I last saw h. A.D. alive on May 19, 1948.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M. D.
Address 1309 Eutaw St. Date signed 5/24/48 M. D.

VS 150

G63414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 20th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Camp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female 5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-10

8. AGE: Years 38 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Sterling
13. Birthplace Md

MOTHER 14. Maiden Name Mary Bailey
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) MAY 21 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-48, at 8-P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1948, to 5-19- 1948 and that I last saw h[illegible] alive on 5-19- 1948

Immediate cause of death: subarachnoid hemorrhage — Duration: 12 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: the above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Bisson M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-19-48.

663415
AB-118910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51 D

663415
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 3-1
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 14- 1894

8. AGE: Years	Months	Days	If less than one day
53	11	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Charles N. Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Rosetta Cain or Carn
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn, Md
18 (a) Funeral director Elroy O. Wilson
(b) Address 4000 Belair ave
19 (a) MAY 21 1948 (b) Huntington Williams, M.D. Registrar
(Filed) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19- 1948, at 3.20PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-13- 1948 to 5-19- 1948, and that I last saw h. 1m. alive on 5-19- 1948.

Immediate cause of death	Duration
Pulmonary edema.	
Due to stenosis Larynx.	
Due to	
Other Conditions Carcinoma of pancreas (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William H. Vickers M. D.
Address Balto City Hosp. Date signed 21 May 48

111 c

663416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

Registered No. 663416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Marsh
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane C. Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4 - 1876

8. AGE: Years	Months	Days	If less than one day
71	6	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles A. Green
13. Birthplace Alexandria Va.

MOTHER
14. Maiden Name Mary E. Brown
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Eliz. Williams
(b) Address White Marsh Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-48 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Eastern Ave & Colgate Run

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St

19 (a) (b)
Registered MAY 21 1948 Huntington Woodstock Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 19 - 1948 at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 19 1948, and that I last saw her alive on May 18 1948.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular disease	5yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R Kleiman M. D.
Address 3803 Edmondson Ave Date signed 5/20/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63417 Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 2036 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Alfred White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1881

8. AGE: Years 67 | Months 4 | Days | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Washington Barbar.
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Irene White.
(b) Address 2036 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1948. (month) (day) (year)
(c) Cemetery or crematory
Location Fairmount W. Virginia

18 (a) Funeral director H. W. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 5/21/48 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/48 19... at 4:55 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thos. R. Evans M.D.
Medical Examiner.
Date signed 5/19/48

G63418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G63418 / 63B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Eutaw Sts
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Naomi Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife James Martin
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1899

8. AGE: Years 48 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Charles County Md.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Small.
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Lizzie Thomas.
15. Birthplace Charles Co., Md.

16 (a) Informant James B. Martin.
(b) Address 1131 W. Mulberry St.

17 (a) Burial (b) Date thereof May 24, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Pomfret Charles Co. Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (Date) 5/21/48 (Signature of registrar) Huntington Williams M.D. (Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1948, at 3:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1948 to 5-19 1948 and that I last saw h alive on 5-19 1948

Immediate cause of death Cardiac Failure — Duration
Due to Hepatolenticular Degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Howard E. Hall
Address Univ. Hosp. Date signed 5-21-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 309

G63119
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia M. Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Walter Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1907

8. AGE: Years 41 yrs 8 mos | Months — | Days 12 | If less than one day hr. min.

9. Birthplace Eastern Shore, Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Hatton
13. Birthplace Eastern Shore, Virginia

MOTHER
14. Maiden Name Mamie Harris
15. Birthplace Eastern Shore, Virginia

16 (a) Informant Ida Simms
(b) Address 616 N. Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 [illegible]

19 (a) 5/21/48 (Date rec'd by registrar) (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 3:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Hers death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH A.S.C.V.D.

Due to

Other Conditions Intest. Lues

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl B. Ryan M.D.
Medical Examiner.
Date signed May 20 1948

930

G63420 BALTIMORE CITY HEALTH DEPARTMENT G63420
CERTIFICATE OF DEATH 1937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 W. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Stevenson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Stevenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1896

8. AGE: Years	Months	Days	If less than one day
52	2	3	hr. min.

9. Birthplace White Oak S.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Silas Evans
13. Birthplace S.C.

MOTHER
14. Maiden Name Elvira ?
15. Birthplace S.C.

16 (a) Informant Otis Stevenson
(b) Address 507 N. Monat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1937 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) 5/21/37 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1937 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1937 to May 19 1937 and that I last saw h[illegible] alive on May 19 1937

Immediate cause of death	Duration
Cerebral Vascular Thrombosis	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. Watts M. D.
Address 515 Cathedral St Date signed 5/21/37

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63421 / 94a — Registered No. 63321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Kenyon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Kenyon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: JOHN A. SHIPLEY

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: 212-07-4080

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel May Popp

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.): June 12, 1902

8. AGE: Years	Months	Days	If less than one day
45	11	7	hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Maintenance - Mechanic

11. Industry or business: American Oil Co.

FATHER
12. Name: Frederick Shipley
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Katharine Maebrey
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs Ethel M. Shipley - W
(b) Address: 3210 Kenyon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) MAY 21 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 3.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948, to May 19 1948, and that I last saw him alive on May 19 1948

Immediate cause of death: Coronary Infarct — Duration 5/19/48
Due to: Coronary occlusion
Due to: arterio- sclerosis.
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature: Louis N. Neumann M. D.
Address 722 No Amer Date signed May 20/48

VS 150

G63422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5937 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5937 Falls Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Patience Van Devanter Luttrell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Rev. Guy A. Luttrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17-1882

8. AGE: Years 65 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Leesburg, Virginia (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Virginia L. Faidner

(b) Address 1800 South Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1948 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

19 (a) MAY 21 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19- 1948 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1948 to 5-19 1948, and that I last saw her alive on 5-19 1948

Immediate cause of death Cerebro vascular accident — Duration

Due to Hypertensive Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Ardinger M.D.

Address 10 W. Madison St. Date signed 5-21-48

X

G63423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63423 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2075 Rockrose Avenue
(c) Hospital or institution: Ardleigh Nursing Home 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3355 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Peddicord

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary L. Peddicord
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23-1866

8. AGE: Years 82 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and State)
10. Usual Occupation Mechanic B. & O. R.R.
11. Industry or business Retired 17 years

FATHER
12. Name Benjamin F. Peddicord
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret A. Dorsey
15. Birthplace Maryland

16 (a) Informant Mrs. Editha M. Linton
(b) Address 630 Colorado Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Marys Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Duvall Funeral Home
(b) Address 3631 Falls Road

19 (a) MAY 21 1948 (Date received) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 19 48 to May 19 1948 and that I last saw him alive on May 19 1948

	Duration
Immediate cause of death: Congestive Heart Failure	One week
Due to: Arteriosclerotic Heart Disease	10 years
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Mallenstein M. D.
Address 818 N. 36th Date signed 5/21/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G63424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3640 Hickory Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3640 Hickory Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry H. Doublitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Gertrude Doublitz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28-1884

8. AGE: Years 63 | Months 10 | Days 22 | If less than one day: hr. min

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Henry Doublitz
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Ellen Marsh
15. Birthplace Maryland

16 (a) Informant Harry H. Doublitz
(b) Address 1300 Morling Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Maryland

18 (a) Funeral director Durgee Funeral Home
(b) Address 3631 Falls Road

19 (a) MAY 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1948 to 5/20 1948, and that I last saw h.im alive on 5/20 1948

Immediate cause of death: Cerebral hemorrhage — Duration:

Due to: Cardiovascular renal disease.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. M. McFaul Jr. M. D.

Address 1200 N. Charles St. Date signed 5/21/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 663425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Fallon ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1888

8. AGE: Years 60 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Frank Fallon
13. Birthplace New York

MOTHER
14. Maiden Name Catherine Brogan
15. Birthplace Balto

16 (a) Informant Bessie Evans niece
(b) Address 2207 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1948 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore

18 (a) Funeral director Rita Wardfield
(b) Address 908 East Biddle St

19 (Date rec'd by registrar) MAY 21 1948 (By) Keating for Williams M.D.

MEDICAL CERTIFICATION 48

20. DATE OF DEATH 5/21 1948 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1948 to 5/21 1948, and that I last saw her alive on 5/21 1948.

	Duration
Immediate cause of death: Aspiration Pneumonia	
Due to: Pemphigus Vulgaris	25 days
Pemphigus Vulgaris	
Due to:	
Other Conditions Secondary Dx	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Neumann M.D.
Address Univ. Hosp Balto Date signed 5/24/48

VS 150

663426

BC-48-08320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. 663426

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Bearing Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Pierce

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/17/48

8. AGE: Years	Months	Days	If less than one day
	1	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Pierce
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Rita Smith
15. Birthplace Balto. Md.

16 (a) Informant: Mrs. Wm. Pierce
(b) Address 1204 Bearing Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location

18 (a) Funeral director Martin Conroy
(b) Address Hollins & Gilmor St

19 (a) MAY 21 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 6:15 P.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrell M.D.
Medical Examiner.
Date signed 5/21/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

663427
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1959 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1959 W. Fayette St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Delia Hynes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Hynes
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1873

8. AGE: Years 75 | Months 3 | Days 17 | If less than one day ....hr. ....min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hart
15. Birthplace Ireland

16 (a) Informant Mrs. Francis Hynes
(b) Address 1959 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore
18 (a) Funeral director George A. Farley
(b) Address Fulton Ave + Fayette St

19 (a) MAY 22 1948 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/1948, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3/1947, to 5/19/1948, and that I last saw h.r alive on 5/18/1948

Immediate cause of death Cerebral Hemorrhage — Duration 2 wks.
Due to Hypertension — 17 yrs.
Due to Genl Arteriosclerosis
Other Conditions Vascular Heart Disease
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Chas Antis Jr M.D.
Address 1933 W. Balto St Date signed 5/20/48

VS 159

83a

Asl 663428 DcNN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

663428 Registered No. 42329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 622 E. Eager St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Howard F. Dean

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: anna M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-85

8. AGE: Years 60 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Animal worker

11. Industry or business

FATHER 12. Name James Dean
13. Birthplace Md

MOTHER 14. Maiden Name Martha Durham
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St.

19 (a) MAY 22 1948 (Date received by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1948, at 7:35 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1948 to 5-21 1948 and that I last saw him alive on 5-21 1948.

	Duration
Immediate cause of death: Myocardial Infarction	
Due to: Coronary Arteriosclerosis	
Due to:	
Other Conditions: ① Diabetes Mellitus ② Gangrene of left foot (Include pregnancy within three months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman Mellinkoff M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/21/48

VS. 159

94a

663329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓58E

Registered No. 663329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: UNIVERSITY HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County.....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 HILLSDALE RD. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME DeLancey Vordemberge DELANCEY CHARLES VORDEMBERGE

3 (b) If veteran, name war: WW #1

3 (c) Social Security Account No. 216-05-0359

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife EMMA KATHERINE VORDEMBERGE

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) OCT. 14, 1895

8. AGE: Years 52 | Months 7 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation VICE PRES & TREAS

11. Industry or business DANTON LUMBER CO

FATHER 12. Name HENRY

13. Birthplace BALTO

MOTHER 14. Maiden Name MARY THERESA

15. Birthplace MD.

16 (a) Informant MRS. EMMA KATHERINE VORDEMBERGE

(b) Address 3704 HILLSDALE RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)

(c) Cemetery or crematory DRUID RIDGE

Location PIKESVILLE, MD.

18 (a) Funeral director Wm. T. TICKNER & SONS

(b) Address BALTO. MD.

19 MAY 22 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/48 19 , at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/48 19 , to 5/20/48 19 , and that I last saw him alive on 5/20/48 19

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic fever with embolic phenomenon	
Due to DECREASED CIRCULATION	
Other Conditions Chronic Cardiac with severe congestive failure	

Date of operation.....

Major findings of operation:.....

.....

of autopsy:.....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature Jos. H. Pancoast Jr.

Address Same Date signed 5/20/48 M. D.

Jos. H. Pancoast Jr. M.D.

G63430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1428

Registered No. G63430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Monument Ave #16 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE ELISE LAMDIN — Rose Elise Lamdin

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ JAMES F. Lamdin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 2-24-1912

8. AGE: Years 36 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business Home

FATHER
12. Name George Hyson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Washburn
15. Birthplace Baltimore, Md.

16 (a) Informant James F. Lamdin
(b) Address 3100 Monumentave #16

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1948 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Aves.

19 (a) MAY 22 1948 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1948 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1948 to 5-19 1948 and that I last saw h~~im~~er alive on 5-19 1948

Immediate cause of death: Cardiac Failure — Duration

Due to

Due to

Other Conditions: Ectopic pregnancy

(Include pregnancy within 3 months of death)

Date of operation 5-19-48

Major findings of operation: Rupture ectopic pregnancy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Hampton Tim M.D.
Address Maryland Gen. Hospital Date signed 5-19-48 M. D.

G63431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1248

Registered No. G63431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4315 GROVELAND AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) PLACE OF DEATH 4 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4315 GROVELAND AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK LEE McCOY

3 (b) If veteran, name war NO
3 (c) Social Security Account No. yes

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) MAR. 17, 1886

8. AGE: Years 62 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation BOOKKEEPER
11. Industry or business

FATHER
12. Name ROBERT McCOY
13. Birthplace MD.

MOTHER
14. Maiden Name HELENA MISSOURI
15 Birthplace MD

16 (a) Informant MISS SHIRLEY McCOY
(b) Address 4315 GROVELAND AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location BALTO CO. MD.

18 (a) Funeral director WM. T. TICHNER & SONS
(b) Address BALTO MD.

19 (Date received by Registrar) MAY 22 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/1948, at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10/46 1946 to 5-19 1948, and that I last saw h[illegible] alive on 5-19 1948.

	Duration
Immediate cause of death: Erysipelas	5 days
Due to: Endocarditis & pericarditis (coronary occlusion)	2 yrs
Due to: cardiac & liver. Hypertension	
Other Conditions: Kidney failure	3 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) THOMAS G. ABBOTT
(e) Means of injury
23. Signature Thos G. Abbott M. D.
Address 4509 Liberty Heights Date signed 5-20-48

VS 150

663432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

663432 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah ~~Margaret~~ Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W

6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband ~~William~~ William T. Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26th 1870

8. AGE: Years 77 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Solomons Island Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Richard Dunn
13. Birthplace Solomons Island Md.

MOTHER
14. Maiden Name Louisa Calloway
15. Birthplace Md.

16 (a) Informant Sarah M. Price
(b) Address 909 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location a.a.c.a. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (Date rec'd by registrar) MAY 22 1948 Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1948 at 8 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1948 to 5-21 1948 and that I last saw h[illegible] alive on 5-20 1948

Immediate cause of death	Duration
acute hemorrhagic gastritis & perforation	
Due to	
Due to	
Other Conditions Chronic Arteriosclerosis Congestive heart failure (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M. Carouge M. D.
Address 6226 Everall Ave. Date signed 5-21-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157a

663433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7700 Fairgreen Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Anton Blozah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1948

8. AGE: Years | Months | Days 18 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Joseph Blozah
13. Birthplace W. Va.

MOTHER
14. Maiden Name Wilma Frye
15. Birthplace W.Va.

16 (a) Informant Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 MAY 22 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 18 1948, and that I last saw him alive on May 18 1948

Immediate cause of death	Duration
Spina bifida hydrocephalus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Mercy Date signed 5/21 1948

VS 150

663434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 663434

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 South Ann Street
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 South Ann Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country – – – –

3 (a) FULL NAME JOSEPH WENDT

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lotty Januchowski
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): March 19, 1888

8. AGE: Years 60 | Months 2 | Days 0 | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: Martin Wendt
13. Birthplace: Poland

MOTHER
14. Maiden Name: Catherine ?
15. Birthplace: Poland

16 (a) Informant: Lotty Wendt (wife)
(b) Address: 807 South Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/1948 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Eastern Avenue Extension

18 (a) Funeral director: Lilly & Zeiler Inc.
(b) Address: 1901 Eastern Avenue Balto. 31

MAY 22 1948 (Date rec'd by registrar) (Signature) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th. 1948, at 3:00 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1948, to May 19 1948, and that I last saw h— alive on May 17 1948.

	Duration
Immediate cause of death: Pulmonary Oedema	1
Due to: Myocardial Degeneration	Mos 1 yr
Due to:	
Other Conditions: General Arteriosclerosis	Several Mos

(Include pregnancy within 3 months of death)

Date of operation –
Major findings of operation: –
of autopsy: –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide –
(b) Date of occurrence – at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – While at work? – (Specify type of place)
(e) Means of injury –

23. Signature G. F. Ries M. D.
Address 24 Chas Date signed May 20/48

VS 150

G63435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G63435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Dulaney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Wilson.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3981

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Leona Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 22-1884

8. AGE: Years 63 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore - Maryland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Hugh deed

13. Birthplace Baltimore

MOTHER 14. Maiden Name Charlotte Hartiman

15. Birthplace Baltimore

16 (a) Informant Vera Penticoff

(b) Address 2525 Dulaney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director John G. Miller Jr.

(b) Address 2736 E. Lexington St.

19 (a) MAY 20 1948 (Date rec'd by Registrar) (b) Hunter-Sir William, Jr. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 19 48 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 19 48 to 5/20 19 48 and that I last saw h alive on 5/20 19 48

Immediate cause of death Cardiac failure — Duration

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh a Wells M. D.

Address St Agnes Hosp Date signed 5/20/48

G63436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

Registered No. G63436

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Smith ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-02

8. AGE: Years 45 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Va

MOTHER
14. Maiden Name Henrietta Trusty
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 22-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore Co. Md.

18 (a) Funeral director Robert F. Williams
(b) Address 1515 Edmondson Ave

19 MAY 22 1948 (Huntington Nelligan) M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948 at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1948 to 5-19- 1948 and that I last saw him alive on 5-18- 1948.

Immediate cause of death	Duration
Pneumonia ALL due to Friedlanders Bacillus	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Van Meter JR M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/20/48

X

663437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663437

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Hamilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Hamilton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Middleton Clarence Heard

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-4251

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Helena Heard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15-1870

8. AGE: Years 77 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Columbia S.C. (Town, county, and state)

10. Usual Occupation Technician

11. Industry or business School Laboratory

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace " "

16 (a) Informant Richard Brad
(b) Address 1524 McCulloh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Holland Funeral Home
(b) Address 1631 Edmondson Ave

19 (a) May 22 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5.20 1948 at 10.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3.15 1948 to 5.20 1948 and that I last saw h/m alive on 5.19 1948

Immediate cause of death: hypertensive cardio-renal Disease (uremia) — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.

Address 1500 E. Madison St. Date signed 5-21-48

Rayner Browne x

VS-150

163438 AE-13607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 163438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Cove Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle Ware

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30- 1870

8. AGE: Years 77 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name David Lynn (D
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Greyhound (D
15. Birthplace Baltimore, Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory Mt Lubomm
Location Balto County

18 (a) Funeral director Boyd Jackson
(b) Address 916 Pennsylvania Ave

19 (MAY 22 1948) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 6.45PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15- 1936, to 5-13- 1948, and that I last saw her alive on 5-13- 1948

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to organized endart. Arteriosclerotic Heart Dis.	12 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr M. D.
Address Baltimore City Hosp Date signed 5-20-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G63439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Dudley ave
(c) Hospital or institution: 76
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Dudley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Herr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, divorced~~

6 (b) Name of husband or wife Anna M. Herr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1885

8. AGE: Years 63 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Railway mail clerk

11. Industry or business

FATHER
12. Name Mathieu Herr
13. Birthplace Germany

MOTHER
14. Maiden Name
15 Birthplace

16 (a) Informant Mrs Anna M Herr
(b) Address 3111 Dudley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Herrmann Son
(b) Address 3001 Kentucky ave

19 (a) MAY 22 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/48 19 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/46 19 to 5/21/48, and that I last saw h~~im~~ alive on 5/21/48.

Immediate cause of death	Duration
Coronary Embolism	15 min
Due to Coronary Thrombosis	3 days
Due to Coronary Sclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Herrmann M. D.
Address 1710 E 33 St (Date signed) 5/24/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

063440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. 063440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 E. Frankford Ave.
(c) Hospital or institution: 26-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E. Frankford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY G. GREENSFELDER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie Greensfelder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1887

8. AGE: Years	Months	Days	If less than one day
60	8	29	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Truck Farmer
11. Industry or business

FATHER
12. Name Henry Greensfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Muhlfinger
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. H.G. Greensfelder
(b) Address 2011 E. Frankford Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Baltimore, Md.

18 (a) Funeral director Lasnach Funeral Home
(b) Address 7401 Belair Rd.

19 (a) MAY 22 1948 (Date received by registrar) [illegible] Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 21st, 1948, at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 21 1948 and that I last saw h[illegible] alive on May 21 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio Sclerosis	
Due to Chronic Myocarditis	
Other Conditions Cachexia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 300 Shannon Drive Date signed 5/22/48

VS 150

HENRY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 83a

63441 Registered No. 63441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard
(c) Hospital or institution: Univ. Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Juanita Henry
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1913

8. AGE: Years 35 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Berlin, Md.
(Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER
12. Name Calvin Henry
13. Birthplace Berlin, Md.

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Berlin, Md.

16 (a) Informant Edward Henry
(b) Address 1424 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Berlin Md.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 22 1948 (Date received by Registrar) (b) Huntington Williams, M. D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/48 19 ..., at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 19 48 to 5-20 19 48 and that I last saw her alive on 5-20 19 48

Immediate cause of death Cardiac failure — Duration

Due to Cerebral vascular accident

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Howard E. Hall M. D.
Address Univ. Hosp. Date signed 5-20-48

X

G63442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63442

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME May Emma Link

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John S.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 8 1904

8. AGE: Years 44 | Months - | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Usher B. Bennett
13. Birthplace Md.

MOTHER
14. Maiden Name Emma C. Horn
15. Birthplace Balto.

16 (a) Informant John S. Link
(b) Address 1721 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 24 48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O Donnell St.

18 (a) Funeral director Dippel Bros
(b) Address 1800 E. Lombard St.

19 (a) MAY 22 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1945 to May 20 1948, and that I last saw h[illegible] alive on May 19

Immediate cause of death Hemorrhage into Abdomen — Duration 3 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon

Address 129 S. Broadway Date signed 5/22/48

063443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1838

Registered No. 063443

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Roslyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emily Virginia Milliken

3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	M.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1864

8. AGE: Years	Months	Days	If less than one day
83	8	26	hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm H. Milliken
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emily L. Richardson
15. Birthplace Balto. Md

16 (a) Informant Miss Jane Milliken
(b) Address 700 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto., Md

18 (a) Funeral director Henry W. Jenkins & Son Inc
(b) Address McCulloh & Richard Sts

19 (a) MAY 22 1948 (b) Washington Williams, M.D. Registrar
(Must not be filled by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948, to May 21 1948 and that I last saw h[illegible] alive on May 21 1948

Immediate cause of death: Arteriosclerosis Cerebral thrombi — Duration 10 yrs 10 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. E. Jones M.D.
Address 2818 E. Chase St. Date signed MAY 24 1948

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 63444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11-04
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 West Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter McNeil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1902

8. AGE: Years 36 | Months 3 | Days 11 | If less than one day hr. min. 1412

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sam McNeil
13. Birthplace N. C.

MOTHER
14. Maiden Name Mattie ?
15. Birthplace N. C.

16 (a) Informant Martha McNeil
(b) Address 315 Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)
(c) Cemetery or crematory Lawn, N. C.
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 MAY 22 1948 Date received by registrar Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 6:45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Subdural hemorrhage, right

Due to

Other Conditions Multiple fractures and lacerations of face, cerebral edema
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-20-48 at approx. 4:15 P.M.
(b) Where did injury occur? 900 Block Jordan Court
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury Blunt force - struck on head by unknown object

23. Signature [signature] M.D.
Medical Examiner
Date signed 5-21-48

463445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 463445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St. (Aged Men's Home)
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3.(a) FULL NAME Adam Frederick Sieck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-1872

8. AGE: Years 76 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Sieck
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Kramer ?
15 Birthplace Germany

16 (a) Informant Mrs. Maurice Bahr (daughter)
(b) Address 251 Elizabeth Ave, Lansdowne, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 22 MAY 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director H. B. Wiskert & Son
(b) Address 1800 Eutaw Place

19 MAY 22 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948, to May 19 1948, and that I last saw him alive on May 19 1948.

	Duration
Immediate cause of death: Pulmonary embolism	1 minute
Due to: Cerebral thrombosis	11 days
Due to: Hypertensive cardio vascular disease	over 10 years.
Other Conditions: Old myocardial infarction, complete heart block	4 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Freeman Jr. M. D.
Address Union Memorial Hospital Date signed May 19, 48

VS 150

663446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 663446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 GELSTON DRIVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Carter (JOSEPH C. CARTER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of ~~husband or~~ wife: NAOMI (SAWYER)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 9, 1910

8. AGE: Years 37 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation LAWYER

11. Industry or business

FATHER — 12. Name JOSEPH E CARTER
13. Birthplace MARYLAND

MOTHER — 14. Maiden Name ROSLYNN THOMAS
15. Birthplace MARYLAND

16 (a) Informant MRS JOSEPH C CARTER
(b) Address 3902 GELSTON DRIVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 22 '48 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location

18 (a) Funeral director Harry H. Tyler Edmondson Ave
(b) Address

19 (a) MAY 22 1948 (Date rec'd by registrar) (b) Washington Hollingsworth, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to May 19 1948, and that I last saw h[illegible] alive on May 19 1948.

Immediate cause of death	Duration
(a) Carcinoma of ascending colon	
Due to (b) (multiple) Carcinomatosis	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. K. Harrison

Address [illegible] Date signed 5/19/48

663447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 63447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 E. MADISON ST
(c) Hospital or institution: 7 of 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 E. MADISON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZA. HILL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-1879

8. AGE: Years 69 | Months 3 | Days - | If less than one day hr. min.

9. Birthplace ANNAPOLIS, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name CATOR CARROLL
13. Birthplace Md

MOTHER
14. Maiden Name RACHAEL ?
15. Birthplace Md

16 (a) Informant JANIE GREEN
(b) Address 1641 E. MADISON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-23-48 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location A.A. COUNTY, Md

18 (a) Funeral director Joseph B. Locke
(b) Address 1354 N. Central Ave

19 (a) 2 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1948 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1948 to 5/20 1948 and that I last saw [illegible] alive on 5-20 1948.

Immediate cause of death	Duration
Bronchio-Pneumonia	14 days
Due to Arteriosclerosis	60 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac R. Hyatt M.D.
Address 1603 N. Carolina Date signed 5/24

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

63348 (printed) 63348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Syracuse (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Bongalow Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: WILMUT L. CARRINGTON

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Ella M. Carrington
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 1, 1865
8. AGE: Years 83 Months 1 Days 20 If less than one day hr. min.
9. Birthplace Harpersville, N. Y. (Town, county, and state)
10. Usual Occupation Retired Decorator
11. Industry or business

FATHER
12. Name Abija B. Carrington
13. Birthplace N. Y.

MOTHER
14. Maiden Name Sallie O'Dell
15 Birthplace N. Y.

16 (a) Informant Mr. Charles A. Butler
(b) Address 2230 N. Monroe St.

17 (a) Removal-Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1948 (month) (day) (year)
(c) Cemetery or crematory Soule Cem.
Location Auburn, N. Y.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Balto., Md.
(c) Huntington Williams, M.D.

MAY 23 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 21 1948, and that I last saw h[illegible] alive on May 20 1948.

Immediate cause of death: Coronary Occlusion — Duration 5 Hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry C. Houck
Address 1924 Monticello Ave May 22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63449 BALTIMORE CITY HEALTH DEPARTMENT G63449
CERTIFICATE OF DEATH 477 (Registered No.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Braddish Ave, City 16 (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Russell C. Lescalleet (RUSSELL CLARENCE LESCALLEET)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ruth A. Lescalleet
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 22, 1908
8. AGE: Years 39 Months 11 Days 29 If less than one day ... hr. ... min.
9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation auto mechanic
11. Industry or business

FATHER
12. Name George Lescalleet
13. Birthplace Maryland (Carroll Co.)

MOTHER
14. Maiden Name Jennie Bair
15. Birthplace Maryland (Carroll Co.)

16 (a) Informant Mrs Ruth Lescalleet
(b) Address same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Gracelawn Mem. Pk.
Location Wilmington, Del.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 23 1948 (Date rec'd by registrar) (b) Wilmington, Del. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 21 1948 and that I last saw h/m alive on May 21 1948

	Duration
Immediate cause of death: Bronchopneumonia	2 mos
Due to: Carcinoma of lung, left.	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation April 22, 1948
Major findings of operation: Tumor of left lung, lower lobe, type undetermined
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Hap x 5/24/48

663450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

663450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen C. Kaufman

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Howard J. Kaufman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1897

8. AGE: Years	Months	Days	If less than one day
50	6	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John N. Gallagher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen Duffy
15. Birthplace Balto., Md.

16 (a) Informant Mr. Howard J. Kaufman, husband
(b) Address 2031 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by registrar) (b) Registrar

MAY 23 1948

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1948, at 11 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1948 to 5/21 1948, and that I last saw h[illegible] alive on 5/21 1948

Immediate cause of death	Duration
Surgical shock	
Cardiac failure	
Due to Operation for	
Carcinoma of sigmoid	
Due to	
Other Conditions Mild bronchial asthma, mild hypertension	

(Include pregnancy within 3 months of death)

Date of operation 5/21/48
Major findings of operation Carcinoma of sigmoid, Patient died during Operation
Date of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5/21/48

To be reviewed by Med. Examiner's Office

G63451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G63451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 E. 32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Rives (JOHN JAMES RIVES)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 10, 1861

8. AGE: Years 86 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Office Mgr. - retired

11. Industry or business Schloss Bros.

FATHER
12. Name John James Rives
13. Birthplace Brunswick Co., Va.

MOTHER
14. Maiden Name Jane Gillian
15. Birthplace Brunswick Co., Va.

16 (a) Informant Miss Jane C. Rives, sister
(b) Address 109 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) MAY 23 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29/48 19 , at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/48 19 , to 5/20/48 , and that I last saw h[illegible] alive on 5/20/48 19 .

Immediate cause of death	Duration
Coronary thrombosis	
Due to Arteriosclerosis	
coronary artery	
Due to	
Other Conditions Carcinoma of prostate.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 5/20/48 M. D.

G63452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63452 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 N East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 N East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Houston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widow

6 (b) Name of ~~husband~~ or wife Late Patrick Mahon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1873

8. AGE: Years	Months	Days	If less than one day
75	4	7	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER 12. Name Barnack Mahon
FATHER 13. Birthplace Ireland
MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace Unknown

16 (a) Informant Genive Watkins
(b) Address 9 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location Elysian Pa

18 (a) Funeral director John C Moran
(b) Address 3600 E Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 22 1948, and that I last saw h[illegible] alive on May 22 1948

Immediate cause of death	Duration
Myocardosis	
Due to Arteriosclerotic cardiovascular disease	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N Eastern Date signed 5-22-48

Huntington Williams

G63453 BALTIMORE CITY HEALTH DEPARTMENT X Registered No. G63453

CERTIFICATE OF DEATH 1937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 S Pulaski St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Westernport
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George L. Moses

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed or divorced: married

6 (b) Name of husband or wife: Ethel Spiker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1880

8. AGE: Years 67 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Robert Moses
13. Birthplace England

MOTHER
14. Maiden Name Hannah
15. Birthplace Scotland

16 (a) Informant Mrs Ethel Moses
(b) Address Westernport Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 23/48 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Lonaconing Md

18 (a) Funeral director Harry D Wilson
(b) Address 101 Edmondson Ave

MAY (a) 23 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948 to May 21 1948, and that I last saw him alive on May 21 1948.

Immediate cause of death Pulmonary Edema + Cardiac Failure — Duration Several days.

Due to Chronic Myocarditis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram Goldman M. D.
Address 206 S. Gilmor Date signed 5/22/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

663454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2229 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine D. Getz
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Frank J. Getz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 2-1867
8. AGE: Years 80 Months 6 Days 19 If less than one day hr. min.
9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles May
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Balto Md

16 (a) Informant Mrs. W. Benjamin
(b) Address 2229 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John E. Miller Sons
(b) Address 2435 E Oliver St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 28 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21-1948 at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1948 to 5-21 1948, and that I last saw h alive on 5-21 1948.

Immediate cause of death Coronary Thrombosis — Duration 5-4-48
Due to Chr. Myocarditis — 1/1/47
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William F. Ramer M.D.
Address 801 N Edwards St Date signed 5-22-48

Maltharre 663455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

Registered No. 663455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N. Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Flait

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Flait
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1869

8. AGE: Years 78 | Months 11 | Days 7 | If less than one day ____hr. ____min.

9. Birthplace Pictaux (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Bernard Flait
13. Birthplace France

MOTHER
14. Maiden Name Barbara Knar
15 Birthplace Germany

16 (a) Informant Dorothy Fohlett
(b) Address 508 N Washington St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Joseph Coracchia
(b) Address 900 Aliceanna St

1948 MAY 25 Date rec'd by registrar Hattie Washington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948 to 5/21 1948
and that I last saw h[illegible] alive on 5/20 1948

Immediate cause of death: Coronary Occlusion — Duration: 1 hour
Due to: Cardio Vas. Renal Disease — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 5/22/48

663456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

663456
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 N. Kenwood Ave.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Boucha

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Vaclav Boucha
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 24 1881

8. AGE: Years	Months	Days	If less than one day
66	11	7	26 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Havlik
13. Birthplace

MOTHER
14. Maiden Name Julia Hodek
15. Birthplace

16 (a) Informant Vaclav Boucha
(b) Address 830 N. Kenwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Evacky & Son
(b) Address 900 N. Chester Street

19 (a) MAY 23 1948 (Date rec'd by registrar) (b) Evington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948 at 330 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1947 to May 20 1948, and that I last saw h[illegible] alive on May 20 1948.

Immediate cause of death	Duration
(a) Uremia	5/15/48
Due to (b) Carcinoma of Pancreas	June 1947
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Bauer M. D.
Address 901 N. Kenwood Date signed 5/23/48

663457

663457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 North Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles V. McQuay

3 (b) If veteran, name war W. W. #1

3 (c) Social Security Account No. 136-12-6428

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married, widowed~~ or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1894

8. AGE: Years	Months	Days	If less than one day
(53) 53	11	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Hans McQuay
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant August Herringsen
(b) Address 732 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) MAY 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1948 at 2 15 A.M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D.
Medical Examiner
Date signed 5-22-48

663458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663458 Registered No. 46E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Sheatfield
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Sheatfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Regina Kittel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Henry F. J.,
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 19. 1902
8. AGE: Years 46 Months 1 Days 3 If less than one day hr. min.
9. Birthplace Antwerp, Belgium (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Von Alost
13. Birthplace Antwerp Belgium

MOTHER
14. Maiden Name Marie Calet
15. Birthplace Antwerp Belgium

16 (a) Informant Henry F. J. Kittel
(b) Address 2613 Sheatfield Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 6/25/46
(c) Cemetery or crematory Old Saint Paul's
Location Catonsville Md
18 (a) Funeral director Pulhom Cobb Sons
(b) Address 1347 Lexington Baltimore, Md
19 (a) MAY 23 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 2 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 47 to May 22 1946 and that I last saw her alive on May 22, 19 46

Immediate cause of death: Carcinoma of colon — Duration: 6 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Dec. 5, 1945
Major findings of operation: Carcinoma of colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Wilkes MD M. D.
Address 2030 W. Baltimore Ave Date signed 6/25/46

VS 190

G63459 X G63459

G63459 BALTIMORE CITY HEALTH DEPARTMENT Registered No.....
CERTIFICATE OF DEATH 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County.....
(c) City or town Washington N-W
(If outside city or town limits write RURAL and give town)
(d) Street No. 4215 - 4th St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Vincent Marranzano

3 (b) If veteran, name war.....
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. ✓

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-81

8. AGE: Years 67 68 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Salvatore Marranzano
13. Birthplace Italy

MOTHER 14. Maiden Name Gaetana Ramantina
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 5/22/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory.....
Location Washington D.C.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st

19 (a) MAY 22 1948 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1948, at 12 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 22 1948 and that I last saw him alive on May 22 1948

Immediate cause of death Uremia — Duration .....

Due to Renal insufficiency — Duration .....

Due to Renal tuberculosis — Duration .....

Other Conditions — Duration .....

(Include pregnancy within 3 months of death)

Date of operation 5-22-48

Major findings of operation: Peri-renal inflammation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature P. L. Scanlon M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-22-48

VS 150 To be approved by Medical Examiner

663460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663460

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2876 Woodbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2876 Woodbrook Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: I. MICHAEL ISAACS.

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Carrie Isaacs.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1872

8. AGE: Years 75 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace: New York.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name Michael Isaacs,
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Friedman,
15. Birthplace Germany.

16 (a) Informant Mrs. I. Horn,
(b) Address 2426 Reisterstown Rd.

17 (a) Burial (b) Date thereof 5/23/48.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Burial Commission
(b) Address 1902 Eutaw Place.

19 (a) MAY 23 1948 Washington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd. 1948 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948 to May 22 1948 and that I last saw h[illegible] alive on May 21 1948

Immediate cause of death	Duration
Cardiac failure	1 day
Due to Coronary artery disease Arterio. sclerosis	3 yrs 3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Garden Apts Date signed 5/23/48

X

VS 150

G63461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Forde Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR LEON STRAUSS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Hilda R. Strauss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 1883

8. AGE: Years 65 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Dry Goods Merchant

11. Industry or business

FATHER
12. Name Abraham Strauss
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Selz
15. Birthplace Germany

16 (a) Informant Mr. Richard Strauss
(b) Address 3612 Forde Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/48 (month) (day) (year)
(c) Cemetery Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Leland Sondheim & Son
(b) Address 902 Eutaw Place

19 (a) 23 1948 (Date rec'd by registrar) (b) Signature of Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1948, at 10:26 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1948 to May 22 1948 and that I last saw h[illegible] alive on May 22 1948

Immediate cause of death Myocardial Infarction with Pulmonary Edema — Duration

Due to Arterio-sclerotic Cardio-Vascular disease

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allan J. Wolinsky M. D.
Address Sinai Hosp. Date signed 5-22-48

VS 130

663362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

663362
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland LEREW
(b) Street address 1058 Lurew Way
(c) Hospital or institution: 2604
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1058 Lurew Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alice Lassiter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Guernsey Lassiter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1890

8. AGE: Years	Months	Days	If less than one day
57	9	3	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Paden Bagemore
13. Birthplace N. C.

MOTHER
14. Maiden Name
15. Birthplace —

16 (a) Informant Mrs Ann V. Mike
(b) Address 1058 Lurew Way, Armistead Gdns.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1948 (month) (day) (year)
(c) Cemetery or crematory
Location Orlando, N. C.

18 (a) Funeral director Roland L. Fuller
(b) Address 2112 Dundalk Ave.

19 (a) MAY 28 1948 (registrar) (b) Huntington Hillcrest, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 8:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 22 1948, and that I last saw her alive on May 14 1948.

Immediate cause of death	Duration
Cerebral embolism	1 minute
Due to Chronic auricular fibrillation	1 year
Due to Myocardial degeneration	3 years
Other Conditions Hyperthyroidism	10 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick L. Santee M. D.
Address 5200 Wright Ave. Date signed May 22, 1948

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92c

663463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland DOA
(b) Street address
(c) Hospital or institution: Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanley L. McPherson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 - 1903

8. AGE: Years 45 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name James H. McPherson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Grace Goltzman
15. Birthplace Balto. Md

16 (a) Informant: Mrs. James H. McPherson
(b) Address 117 Post Road Aberdeen Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 - 1949 (month) (day) (year)
(c) Cemetery or crematory Dehaas
Location Aberdeen Md

18 (a) Funeral director Mercy Tanning Homes
(b) [illegible] Aberdeen, Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1949, at 3 00 P.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic C. V disease
Terminal Stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lattimore M.D. Medical Examiner.
Date signed 5/23/49

X

663464 663464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Huron St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Huron St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Dixon Brooks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1893

8. AGE: Years 54 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Dixon
13. Birthplace Baltimore Maryland

MOTHER 14. Maiden Name Georgana Powell
15. Birthplace Baltimore Maryland

16 (a) Informant Robert Brooks
(b) Address 2604 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 6 West Baltimore Street

May 23 1948 (b) Washington-Williams Co. Inc.
(Date received by registrar) (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/1948, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14/1948 to 5/20/1948, and that I last saw h[illegible] alive on 5/18/1948.

Immediate cause of death
Chronic hypocondritis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Hawkins M. D.
Address 450 W. Biddle St Date signed 5/21/48

663465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

663465

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Harford Ave
(c) Hospital or institution: 413
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Grace Steinmuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Henry J. Steinmuller 6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 9/13/1872

8. AGE: Years	Months	Days	If less than one day
75	8	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm J. Shepard

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary E Neece

MOTHER 15. Birthplace Baltimore

16 (a) Informant Mr H. J Steinmuller

(b) Address 500 Eugene Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)

(c) Cemetery or crematory Catherine

Location Rte 2 Frederick Rd

18 (a) Funeral director J. J Baker & Sons Light St

(b) Address Washington Williams Mgr

MAY 23 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 1947 to May 21 1948, and that I last saw her alive on May 21 1948.

Immediate cause of death Cerebral Hemorrhage — Duration 7 hours

Due to Hypertensive Cardiovascular Disease — Duration several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M.D.

Address 11 E. Chase St. M. D. Date signed 5-22-48

VS 150

G63466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G63466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Arlington
(c) Hospital or institution: West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town 2728 N. Mosher St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 N Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Tully

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Francis P. Tully

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Bartholomew Bradley
13. Birthplace Ireland

MOTHER
14. Maiden Name Isabella Kelly
15. Birthplace Ireland

16 (a) Informant Mrs. Jos P. Smith Jr
(b) Address 2728 N Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Frederick Road

18 (a) Funeral director J. J. Tobin & Sons
(b) Address 1316 Light St.

19 (a) (Date received by local registrar) (b) Burton Hillibush, M.D. Registrar

MAY 28 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 May, 1948, at 2:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 17 May 1948 to 20 May 1948 and that I last saw h er alive on 20 May 1948

	Duration
Immediate cause of death Cardiac Failure	
Due to Pulmonary Edema.	
Due to Cerebral Thrombosis and Arteriosclerotic Hypertension	
Other Conditions Bleeding Gastric Ulcer	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo Tes C. Steele M.D.
Address 1316 E Baltimore Date signed

Ben Hosp. 937

663467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V127a

663467 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 81 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 E. Federal St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Herman Walkemeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	WIDOWER

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 12-12-66

8. AGE: Years	Months	Days	If less than one day
81	5	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Clothing Cutter
11. Industry or business Schloss Bros.

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Ferdinand Walkemeyer
(b) Address 114 Elm Ave Balto. 6 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-48 (month) (day) (year)
(c) Cemetery or crematory Immanuel Lutheran
Location Grinder Lane

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St

MAY 22 1948 (Date rec'd by registrar) Huntington Williams Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-1948, at 3.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-1948 to 5-22-1948, and that I last saw h.im alive on 5-21-1948.

Immediate cause of death	Duration
CARDIO Resp. FAILURE	
Due to Acute cholecystitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-15-48
Major findings of operation: Acute cholecystitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Bevell M.D.
Address 1400 N Caroline St Date signed 5-22-48

X

G63468 BALTIMORE CITY HEALTH DEPARTMENT G63468
CERTIFICATE OF DEATH 937 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N. Monroe St.
(c) Hospital or institution: 50-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelmina Klein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Christian Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1872

8. AGE: Years 75 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Christian Romig
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina ?
15. Birthplace Germany

16 (a) Informant Lillian W. Oberloskamp
(b) Address 212 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick P. Cole
(b) Address 1210 W. Lombard St.

19 (a) Date received by registrar (b) Registrar

MAY 25 1948

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1948, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7, 1947 to May 21 1948, and that I last saw her alive on May 21 1948.

	Duration
Immediate cause of death cerebral hemorrhage	2 days.
Due to arterial hypertension	?
Due to arterio-sclerotic cardio-vascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Logan W. Kemp M. D.
Address 3030 Edmondson Ave Date signed May 26 48

X

BC-B 89730 663369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. 663369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 446 East Clement Street
(c) Hospital or institution: 24-02
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 446 East Clement Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE CATHERINE BAHNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/8/47

8. AGE: Years	Months	Days	If less than one day
	8	13	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Bahner
13. Birthplace Md.

MOTHER
14. Maiden Name Florence A. Apple
15. Birthplace Md.

16 (a) Informant Family
(b) Address 446 East Clement Street

17 (a) B (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director James L. McCauley
(b) Address 130 East Fort Ave.

MAY 23 1948 (Date rec'd by Registrar) (b) Clayton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 21 1948, and that I last saw h.e.r. alive on May 20 1948.

Immediate cause of death	Duration
Explanation	1 day
Due to Gastro Enteritis	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature T. Ed. Campbell M. D.
Address 1 Cop Tenard Date signed 5/24/48

X

G63470 — BALTIMORE CITY HEALTH DEPARTMENT — G63470

CERTIFICATE OF DEATH 130

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Bloomingdale Rd.
(c) Hospital or institution: 15-06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Bloomingdale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DOROTHY E. LEGG

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220 - 09 - 4896

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Harry Legg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1921

8. AGE: Years 26 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Charlotte, N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Sylvester J. ~~(illegible)~~ Estridge
13. Birthplace N. C.

MOTHER
14. Maiden Name Florence Parks
15 Birthplace Va.

16 (a) Informant Mr. William Harry Legg
(b) Address 3309 Bloomingdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Howard Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) MAY 23 1948 (b) [illegible] for William [illegible] Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug-14 1943 to May 20 1948 and that I last saw h[illegible] alive on May 20 1948.

Immediate cause of death	Duration
Pulmonary Tuberculosis.	5+yrs.
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Lloyd Johnson M. D.
Address Catonsville Md Date signed 5/20/48

G63471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G63471
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2727 Pennsylvania Ave.
(c) Hospital or institution: 1303
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE MAY SNYDER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charley Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1876

8. AGE: Years	Months	Days	If less than one day
71	6	25	hr. min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Elisha M. Cox
13. Birthplace: Md.

MOTHER
14. Maiden Name: Rachel C. Storm
15. Birthplace: Md.

16 (a) Informant: Mr. Charley Snyder
(b) Address: 2727 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT Location CARROLL Co, MD.

Mr. Charley Snyder
~~2727 Pennsylvania Ave.~~

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

MAY 23 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1948 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1940 to May 21 1948, and that I last saw h. alive on May 21 1948.

Immediate cause of death: Coronary Thrombosis — Duration: 5/20/48
Due to: Chr. myocarditis — 1930
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Paul E. Brown M. D.
Address 1663 W. North Ave. Date signed 5/24/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5005 St. Albans Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 St. Albans Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LORETTA C. LEE.

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. WIDOWED
6 (b) Name of husband or wife DR. W. H. LEE
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) OCT. 26, 1864
8. AGE: Years 83 Months 6 Days 26 If less than one day hr. min.
9. Birthplace BUTLER, PA (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business OWN

FATHER
12. Name Wm. F. MILLER
13. Birthplace PA

MOTHER
14. Maiden Name CAROLINE L. REITER
15. Birthplace BUTLER, PA

16 (a) Informant MR. A. C. VER VELEN
(b) Address 5005 St. ALBANS WAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory The NORTH CEM
Location BUTLER, PA.

18 (a) Funeral director WM. J. TICKNER & SON
(b) Address BALTO. MD.

19 (a) (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1948 to May 22 1948 and that I last saw h alive on May 21 1948.

Immediate cause of death: Myocarditis — Duration: about 1 mo.
Due to advanced arteriosclerosis — Duration: ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. Tibbett M. D.
Address 2220 Harrison Ave Date signed May 22/48

G63473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63473 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd.
(c) Hospital or institution: Hilton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 15 d

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Grantley Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred L. Rolfe

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1868

8. AGE: Years 79 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Petersburg, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Samuel Temple
FATHER 13. Birthplace Petersburg, Va
MOTHER 14. Maiden Name Mary E. England
MOTHER 15. Birthplace Orange Co. Va.

16 (a) Informant Mrs. Charles Kratz
(b) Address 3413 Grantley Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Blandford
Location Petersburg, Va

18 (a) Funeral director Wm. F. Tegner & Sons
(b) Address Balto. Md.

19 (a) 5-23-1948 Registrar (Date rec'd by registrar)

V S 190

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948 to May 21 1948 and that I last saw h alive on May 21 1948.

	Duration
Immediate cause of death: Cerebral hemorrhage and paralysis	15 days
Due to: Arterio-sclerosis	
Due to: and hypertension	9
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L. Dubbett M. D.
Address 2220 Garrison Blvd Date signed May 23/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87c

Registration No. 663474

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Shriners Home 27.20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 months
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 15 (If outside city or town limits, write RURAL and give town)
(d) Street No. 6209 Dist Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Mary Agnes Lambert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife James E. Lambert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1877

8. AGE: Years 70 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Rockhall, Md. (Town, county, and state)

10. Usual Occupation H.W. & seamstress

11. Industry or business

FATHER
12. Name Joseph A. Ryan
13. Birthplace Boston, Mass.

MOTHER
14. Maiden Name Margaret Berger
15. Birthplace York, Penn.

16 (a) Informant Mrs. Ellen J. Levey
(b) Address 6209 Dist Ave. Balto 15, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Rock Hall Md

18 (a) Funeral director Lazing Bryan
(b) Address 5205 Park Heights Ave.

19 MAY 24 1948 (Date rec'd by registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 May 1948, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 26 Nov. 1946 to 21 May 1948, and that I last saw her alive on 20 May 1948.

Immediate cause of death	Duration
Paralysis agitans	
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles H. Wellhausen M.D.
M. D.
Address Pikesville 8, Md. Date signed 21 May 48

VS 150

X

G63475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

G63475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laymers Dukeland
(c) Hospital or institution: West Balto gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 08 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 W. 41st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** LAURA C. WHITE

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-1876

8. AGE: Years 72 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation H W

11. Industry or business —

FATHER
12. Name George Green
13. Birthplace Md

MOTHER
14. Maiden Name Catherine (Unknown)
15. Birthplace Md.

16 (a) Informant Eva C. Wright
(b) Address 1206 W. 41st st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul st

MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1948 at 8:01 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-22 1948 and that I last saw her alive on 5-22 1948.

Immediate cause of death: Cerebral Vascular accident — Duration
Due to: Hypertensive C V R D
Due to:
Other Conditions: Uremia - Mild
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Treptow M. D.
Address WBGH Date signed 5-22-48

X

G63476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

G63476 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 Aliceanna St
(c) Hospital or institution: 2-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Aliceanna St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaw Klosek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Teofila

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name ?

13. Birthplace ?

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Laura Borowy

(b) Address 1713 Lancaster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25/48 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W Ozaguski

(b) Address 1930 Eastern Ave

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 48 to May 22 48 and that I last saw h.. alive on May 22 1948

Immediate cause of death Hypostatic Pneumonia — Duration 5/20/48

Due to Concussion of Lungs — 4/1/48

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Reamer M.D.

Address 801 E Lanvale St Date signed 5/24/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G63477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution 616 Park Ave 11-03
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Katherine E. Maher

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Maher

6 (c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): Aug. 1876

8. AGE: Years 71 | Months 9 | Days ? | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business:

FATHER
12. Name: John Egan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Unknown.

16 (a) Informant: John R. Maher (Son)
(b) Address: 3317 Dudley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/25/48 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Edmondson Avenue

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) MAY 24 1948 (Date rec'd by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1948, at 11:15 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardio-Vascular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature: William J. Kelbrick M.D. Medical Examiner.
Date signed: 5/22/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 E. Lanvale
(c) Hospital or institution: 12:05

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 E Lanvale (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME KATE C. ADAMS (Kate C. Adams)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1860

8. AGE: Years 87 | Months 6 | Days 6 | If less than one day ____hr. ____min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name John E. Adams
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C Wright
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Florence T. Eckard
(b) Address 401 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave Balto Md

18 (a) Funeral director George D Ruth Inc
(b) Address 1735 Hilsdale Ave

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/48 19____, at 11:05 A.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur? X
(c) Did injury occur at home, on farm, industrial place, in public place? ____ While at work? ____
(d) Means of injury

23. Signature John R Davis M.D. Medical Examiner.
Date signed 5/23/48

X

663479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. 663479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-05
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Bay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter B. Ridgely

3 (b) If veteran, name war none

3 (c) Social Security Account No. 215-07-0919

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah M. Ridgley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29. 1880

8. AGE: Years 67 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Howard County, Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Thomas Ridgley
13. Birthplace Howard County, Md

MOTHER
14. Maiden Name Mary Bryant
15. Birthplace Howard County, Md

16 (a) Informant Mrs. Sarah M. Ridgley
(b) Address 729 Bay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)

(c) Cemetery or crematory Della M. E. Cemetery
Location Della, Md.

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 6009 Harford Road

19 (d) MAY 24 1948 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1948, at 1 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to Inhalation of Gas

Due to

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/22/48 about 12 20 P M.
(b) Where did injury occur? 729 Bay St
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Gas inhalation from 3 burner gas stove and asphyxiation on bed with gas

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/25/48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

663480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Royston Ave
(c) Hospital or institution: 27105
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Royston Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter J. Amick

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1868

8. AGE: Years 79 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name John Amick
13. Birthplace Baltimore - Md

MOTHER
14. Maiden Name Elizabeth Welsch
15. Birthplace Baltimore - Md

16 (a) Informant Mrs. Lula B. Rudolph
(b) Address 3115 Royston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Rose St & Milton Ave

18 (a) Funeral director Howard N. Bligh Sr.
(b) Address 6009 Harford Road

19 MAY 24 1948 (Date rec'd by registrar) Huntington White, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 May 1948, at 9.00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 June 1946 to 21 May 1948, and that I last saw h[illegible] alive on 19 May 1948.

Immediate cause of death: Coronary Thrombosis — Duration 2 wks.

Due to:

Due to:

Other Conditions: Arteriosclerosis, senile, Generalized — Duration 2 yrs.(?)
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Mintz M.D. M. D.
Address 7329 Harford Rd Date signed 22 May 48

VS 150

Balto - 14 Md X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G63481

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 Brentwood Ave
(c) Hospital or institution: 10 01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Brentwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances M. Alderson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 12, 1858

8. AGE: Years 89 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Harford County. Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Thomas Alderson
13. Birthplace Md

MOTHER
14. Maiden Name Mary J. Barton
15. Birthplace Md.

16 (a) Informant Mrs. Wm. E. Tisdale
(b) Address 1009 Brentwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location 1930 Frederick Ave

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 609 Baker Road

19 (a) MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1948, to May 21 1948 and that I last saw him alive on May 21 1948

Immediate cause of death Arteriosclerosis — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Jones M.D.

Address 2848 St Paul St Date signed 5/26/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

063182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. 063182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Hollins St.
(c) Hospital or institution: 1904
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Kerstetter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carmen M. nee Sosna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1892.

8. AGE: Years 55 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace: Lewistown, Pa. (Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: Westinghouse Electric Co.

FATHER
12. Name: Levy Kerstetter
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Kansas

16 (a) Informant: Mrs. Carmen M. Kerstetter
(b) Address: 1733 Hollins St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 25/48 (month) (day) (year)
(c) Cemetery or crematory: Spanish Cemetery
Location: Mexico City, Mexico

18 (a) Funeral director: Harry H. Leibfried
(b) Address: 4101 Edmondson Ave.

19 MAY 24 1948 (Date rec'd by registrar) (b) Filing: for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21/48. 19 , at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1948 to 5/21 1948, and that I last saw h[illegible] alive on 5/16 1948

Immediate cause of death	Duration
Acute cardiac dilatation	15 Min
Due to Chronic myocarditis	1 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Cleas M. D.
Address 47 N. Fulton Ave. Date signed 5/25/48

VS 150

663483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 663483

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 Tyson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11-03

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Tyson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Georgeanna P. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1854

8. AGE: Years 93 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Theodore Pennington
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Mrs. Elenora H. Dudley
(b) Address 623 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Remsley
(b) Address 570 W. Biddle St.

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 21, 1948 at 2:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1948 to 5-21 1948 and that I last saw h[illegible] alive on 5-19 1948

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Anderson M.D.
Address 612 Edmondson Av. Date signed 5-22 1948

X

663484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

663484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 1-03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 East 25th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ANNA N. VOGTS (ANNA VIRGINIA VOGTS)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, (widowed), or divorced.

6 (b) Name of husband or wife: John Vogts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1866

8. AGE: Years: 81 | Months: 7 | Days: 17 | If less than one day ... hr. ... min.

9. Birthplace: BALTO., MD. (Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

FATHER 12. Name: Henry Michael
13. Birthplace: Germany

MOTHER 14. Maiden Name: Bertha Winkel Wissler
15. Birthplace: Germany

16 (a) Informant: Mrs. Vera Parker
(b) Address: Plainfield, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK CEM.
Location: BALTIMORE, MARYLAND

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1948 at 1 A.M. 25

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐; accident ☒; suicide ☐; homicide ☐; undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Crushed chest

Petechial hemorrhages of brain

Fracture left tibia and fibula

Rupture of liver.

Other Conditions: Arteriosclerosis

Terminal bronchopneumonia

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-16-48 at approx. 7 10 A. M.
(b) Where did injury occur? York Rd - 1 mile south Pennsylvania Line
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Automobile (Driver - Passenger)

23. Signature: [illegible] H. Merrill M.D. Medical Examiner.
Date signed 5-21-48

VS 151

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63485

48-10978 160a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun Sts.
(c) Hospital or institution: FRANKLIN Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 20 (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 431 Rt 14 (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME BABY BOY KOELIBEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/48

8. AGE: Years — | Months — | Days — | If less than one day: hr. 10 min.

9. Birthplace FRANKLIN SQ. HOSP. (Town, county, and state)

10. Usual Occupation Newborn.

11. Industry or business —

FATHER
12. Name ANDREW KOELIBEL
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name MILDRED, HAUG
15. Birthplace GREAT FALLS, MONTANA.

16 (a) Informant Mildred Koelibel
(b) Address Box 431, Rt 14 Balto.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Loc Johns Hopkins Medical Schoo MAY 21 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1948, at 11:35 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 5-15 1948, to 5-15 1948, and that I last saw him alive on 5-15 1948.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	
Due to or Cerebellum.	
Due to	
Other Conditions Premature (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy Subarach Hem

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred Mansell M.D.
Address Franklin Sq Hosp Date signed 5-16-48

663486

BC-48-10390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 C

Registered No. 663486

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: WOMAN'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) Y.L.R.
(e) Length of stay in Baltimore (yrs., mos., or days) Y.L.R.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County — HARFORD
(c) City or town ~~BALTIMORE~~ Abingdon
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Neiser

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/20/48

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day — hr. 30 min.

9. Birthplace BALTIMORE, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Frederick James Neiser
13. Birthplace JERUSALEM, Md.

MOTHER
14. Maiden Name Helen Ivy Minnick
15. Birthplace HICKORY, Md.

16 (a) Informant MOTHER
(b) Address ABINGDON, Md.

17 (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins Medical Schoo MAY 21 1948
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 24 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/48 19__, at 1 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20/48 19__ to 5/20/48 19__, and that I last saw h/c alive on 5/20/48 19__.

Immediate cause of death	Duration
PREMATURE SEPARATION OF PLACENTA	
Due to —	
Due to —	
Other Conditions PREMATORITY 30 WKS (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Seegers M. D.
Address Woman's Hospital Date signed 5/20/48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663487

BC - 48-11063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 663487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Home~~ 25-01
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Spaulman Rd. Cherry Hill (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. (C)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1948

8. AGE: Years | Months | Days | If less than one day ... hr. ... min.
6

9. Birthplace Univ. Hosp. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Uriel Jackson
13. Birthplace N. C.

MOTHER
14. Maiden Name Rosalind Jones
15. Birthplace Balto

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date of [illegible] (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) [signature] Registrar

University Medical School MAY 21 1948 Commissioner of Health

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948 to May 13 1948, and that I last saw h in alive on May 13 1948.

Immediate cause of death Respiratory failure — Duration

Due to Atelectasis

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Hunter, M.D. M. D.
Address University Hospital Date signed May 15 1948

663488
216222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95c

Registered No. 663488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 3-0
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 1224 E. Baltimore, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Engle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Minnie Engle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1877

8. AGE: Years: 70 | Months: 11 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business: Catering Business

FATHER
12. Name: Morris Engle
13. Birthplace: Russia

MOTHER
14. Maiden Name: Bertha Fox
15. Birthplace: Russia

16 (a) Informant
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1948 (month) (day) (year)
(c) Cemetery or crematory: Workmen Circle Cemetery
Location: German Hill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 MAY 24 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 23 - 1948 at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13- 1948 to 5-23- 1948 and that I last saw him alive on 5-23- 1948

Immediate cause of death: Cardiac failure — Duration: 2 days
Due to: Lobar Pneumonia
Due to: Chronic Emphysema
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams, M.D.
Address: JOHNS HOPKINS HOSPITAL Date signed

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

663489 Registered No.

1. PLACE OF DEATH: 3025 Windsor Ave
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3136 Oakford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M Hamburger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1872

8. AGE: Years	Months	Days	If less than one day
75	10	21	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Coleman Hamburger
13. Birthplace Poland

MOTHER
14. Maiden Name Unkown
15. Birthplace POland

16 (a) Informant Elizabeth Hamburger
(b) Address 3136 Oakford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave Rosedale

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (Date received) MAY 24 1948 (b) Registrar Livingston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948; at 11.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Spring 1947 to May 1948. and that I last saw h. l. alive on 20 May 1948.

Immediate cause of death	Duration
Carcinoma of lung, right.	1 year.
Due to —	
Due to	
Other Conditions Arteriosclerosis, Glaucoma.	

(Include pregnancy within 3 months of death)

Date of operation September 1947
Major findings of operation: Exploratory Thoracotomy - Carcinoma of lung
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger Jr. M. D.
Address 1207 Eutaw Place Date signed 24 May 48

VS 150

663490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663490

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 S. Highland Ave.
(c) Hospital or institution: 26-08
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Weems

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes M. Weems
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1872

8. AGE: Years	Months	Days	If less than one day
75	10	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Sheet metal worker
11. Industry or business

FATHER
12. Name Charles E. Weems
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Meyers
15. Birthplace Maryland

16 (a) Informant Mrs. Agnes Weems
(b) Address 209 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2003 Orleans St.

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 57

20. DATE OF DEATH May 20, 1948, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 20 1948 and that I last saw him alive on May 20 1948

Immediate cause of death	Duration
Coronary Thrombosis	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Washington, Jr. M. D.
Address Ridge & Biddle Sts., Balto. Date signed 5/21/48

Balto. 6

G63491 Dr. Lilienfeld
714 E. Preston St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 131a

Registered No. G63491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Royston Avenue
(c) Hospital or institution: 27-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Royston Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** James Turner Rau

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Maggie C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1863

8. AGE: Years	Months	Days	If less than one day
85	1	15	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name James Rau
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Ella Wrinker
15. Birthplace Va.

16 (a) Informant Mrs. Maggie C. Rau
(b) Address 3119 Royston Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) Date rec'd by Registrar MAY 24 1948 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st, 1948; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1938 to May 21 1948, and that I last saw h[illegible] alive on May 20 1948.

Immediate cause of death	Duration
Left Ventricular Failure	Twelve
Due to Coronary.	2 days
Due to Cardio - Vascular - Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lilienfeld M. D.
Address 714 E. Preston Date signed May 21

X

663492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 663492

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Scott St
(c) Hospital or institution: 21-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura G. Legg

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 218-09-4413-B

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marion B. Legg
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1859

8. AGE: Years 88 | Months 8 | Days 6 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Littleton J. Godwin
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Fields
15. Birthplace Balto Md.

16 (a) Informant Marion B. Legg
(b) Address 602 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 5311 Edmondson Ave

19 (a) Date received by Registrar May 24 1948 (b) Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 3 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22nd 1948, to May 23 1948, and that I last saw h[illegible] alive on 5/23 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Hypertension	5 yrs
Due to: Arteriosclerosis	7 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address 517 Scott St Date signed 5/24/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63493
45-8236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 28-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Brinkwood, Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Heath Neville

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John H. Neville

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 1-1-05

8. AGE: Years 43 | Months 4 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace R. I. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Sidney H. Baylor
13. Birthplace England

MOTHER 14. Maiden Name Linnie J. Bainton
15. Birthplace England

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md

18 (a) Funeral director Dewitt Donaldson
(b) Address 105 Main St. Laurel, Md

19 (a) MAY 24 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 22 1948, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20- 1948 to 5- 22- 1948 and that I last saw h er alive on 5- 22- 1948.

Immediate cause of death	Duration
CARCINOMA OF COLON	3yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard P. Cla M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-23-48

X

663491

JL -118389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

663494

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2134 N. Howard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) FULL NAME Frances Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1901

8. AGE: Years 47 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John Statten

13. Birthplace N. C.

MOTHER

14. Maiden Name Lou Statten

15. Birthplace N. C.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Co.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) MAY 24 1948 (b) (Registered by registrar) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1948, at 8.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 28 1948, to May 22 1948, and that I last saw h. alive on May 22 1948.

Immediate cause of death	Duration
(a) Cerebral Vascular Accident	
Due to Hypertensive Cardiovascular Renal.	
Due to	
Other Conditions Arteriosclerosis, renal, generalized	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pericarditis redness due to Diabetes

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Hillenberg M.D.

Address Balto City Hosp. Date signed May 25 48

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

Registered No. 63495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LINDEN AVE. MADISON ST
(c) Hospital or institution: MARYLAND GENERAL HOSP 21-0
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 W. CROSS ST. #29 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE M KEIL

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ~

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th 1884

8. AGE: Years 63 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Lady Overseer

11. Industry or business Keiths Theatre

FATHER 12. Name Howard Cole

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Patterson

15. Birthplace Baltimore Md.

16 (a) Informant Mrs Alice C. Smith

(b) Address 4118 Sherbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location 2939 Frederick Ave

18 (a) Funeral director John J. Gowan & Son

(b) Address 901-03 Hollins St.

19 MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 May 1948, at 6.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to May 22 1948, and that I last saw her alive on 5-22-48

Immediate cause of death CARDIAC FAILURE & PULMONARY EDEMA — Duration 4 Days

Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration Jan Calendar Yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. S. Rangle

Address 642 North Bl Date signed 5-22-48

VS 150

R. S. Rangle x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wolter ✓

63496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

63496 Registered No.

1. PLACE OF DEATH: 13-06

(a) Baltimore City, Maryland

(b) Street address Rayner + Dukeland.

(c) Hospital or institution West Baltimore Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 832 W. 33rd St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Inez (Charlotte) Wolter

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1902

8. AGE: Years 45 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Waitress.

11. Industry or business Lord Balto. Hotel.

FATHER 12. Name August F. Wolter.

13. Birthplace Germany.

MOTHER 14. Maiden Name Daisy L. Heller.

15. Birthplace Md.

16 (a) Informant Mrs Minnie Shackelford.

(b) Address 832 W. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1948 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.

Location

18 (a) Funeral director Paul E. Shenouth Jr.

(b) Address 3615-17 Edmondson Ave.

19 MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 May 19 , at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1- 19 48 to 5/20 19 48 and that I last saw h[er] alive on 20 May 19 48.

Immediate cause of death Cardiac Failure

Due to Hypertensive H. Dis.

Due to Cardiac Enlargement

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos G. Hall Jr. M. D.

Address 832 W. 33rd St. Balto Md Date signed

VB 150

G63497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G63497

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital 5-0 ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Asquith St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Joseph Redd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Prince Edward Co Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Redd
13. Birthplace Prince Edward Co. Va

MOTHER
14. Maiden Name Malinda ?
15. Birthplace Prince Edward Co. Va

16 (a) Informant Garfield Redd
(b) Address 932 Mc Donough St

17 (a) Burial Rernal (b) Date thereof 5/22/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory High Rock Cem
Location Prince Edward Co Va

18 (a) Funeral director Elroy O. Wilson
(b) Address 1100 Brantley ave

1948 MAY 24 (b) Huntington Williamsburg Va
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948, at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardio-vascular disease.

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Emil L. Royer M.D.
Medical Examiner.
Date signed 5/22/48

663498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B

663498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING MARGIN

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Univ. Hospital
(c) Hospital or institution: Lombard & Green Sts 10 03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maryland Penitentary
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roosevelt Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. unknown

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1915

8. AGE: Years 33 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: north Carolina (Town, county, and state)

10. Usual Occupation: former Steward

11. Industry or business

FATHER
12. Name: Walter Carter
13. Birthplace: N.C.

MOTHER
14. Maiden Name: Emma Downing
15. Birthplace: N.C.

16 (a) Informant: Molly Jenkins - wife
(b) Address: 616 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25. 48 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location: Brooklyn, Md

18 (a) Funeral director: Elroy O. Wilson
(b) Address: 1100 Bloomfield Ave

19 (a) (Date rec'd by Reg.) MAY 25 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948, to May 21 1948, and that I last saw h/her alive on May 21 1948.

	Duration
Immediate cause of death Cardio-respiratory failure	
Due to	
Due to Brain tumor	over
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Univ. Hospital Date signed 5-21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63499

MILBERT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63499

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5379 Milton ave
(c) Hospital or institution: 7-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 N. Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milbert N Carey.
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-01-9265

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary H Carey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1899

8. AGE: Years 49 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Howard Co MD (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Western Elec Co

FATHER
12. Name William J Carey.
13. Birthplace Howard Co MD

MOTHER
14. Maiden Name Carrie King
15. Birthplace Lewistown MD

16 (a) Informant Bertha Schotta
(b) Address 9 Payson ave

17 (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5/24/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baetz City

18 (a) Funeral director Edw S MacNabb
(b) Address Catonsville Md

19 (a) MAY 24 1948 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1948, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 19__ to 5-20 1948, and that I last saw h[illegible] alive on 5-13 1948.

Immediate cause of death: Coronary occlusion — Duration 1 wk.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Vogel Jr. M. D.
Address 3201 E. Monument St Date signed 5-21-48

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 663500

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 B ellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimorey Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 8732 Old Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHOEBE M. JAMES

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15th, 1874

8. AGE: Years	Months	Days	If less than one day
73	7	7	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John L. James
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Clara C. Coale
15. Birthplace Harford County, Md.

16 (a) Informant Mr. Carl Francis
(b) Address 8739 Satyr Hill Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)
(c) Cemetery or crematory Camp Chapel
Location Fullerton, Md.

18 (a) Funeral director Lasseter Funeral Home
(b) Address 7401 Belair Rd.

19 (a) MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 22nd, 1948, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1948 to May 22 1948. and that I last saw h[illegible] alive on May 22 1948

Immediate cause of death
Paralysis — Duration 4 months

Due to
Due to Cerebral Haemorrhage — Duration [illegible] indy

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Patrick Gordon
Address 1112 W. 26th Date signed May 23rd 1948

X

Please write plainly, using ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

163501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 163501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 N. Glover St.
(c) Hospital or institution: 7-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 N. Glover Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Louis C. Heckner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Hilda (nee Herman)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/4/1881

8. AGE: Years	Months	Days	If less than one day
67	4	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Baltimore Transit

FATHER
12. Name John Heckner
13. Birthplace unknown

MOTHER
14. Maiden Name Catherine Schier
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Bertha Ricketts - daughter
(b) Address 715 N. Glover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Cedar Hill
Location Annapolis Blvd., Balto. Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) May 24 1948 (Date received by Registrar) Huntington Ave Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/48 19 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 1944 to — 1948 and that I last saw h[illegible] alive on Mar. 23 1948

Immediate cause of death Chronic myocarditis
Duration 10 yrs.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Moran M. D.
Address 101 W. Read St Date signed 5-27-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G63502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 N. Bradford St.
(c) Hospital or institution: 7-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Bradford St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest A. Otto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of ~~husband~~ or wife Dora M. (nee Denny)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1873

8. AGE: Years	Months	Days	If less than one day
75	-	//	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name John F. Otto
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rafling
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. Dora M. Otto - wife
(b) Address 816 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Parkwood
Location Taylor Ave., Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) MAY 24 1948 (Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1948, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 5/21 1948 and that I last saw h. alive on 5/20 1948

Immediate cause of death: Coronary Occlusion — Duration: 15 minutes
Due to: Auricular Fibrillation — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St Date signed 5/22/48

X

663503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 663503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4811 Coleherne Rd.
(c) Hospital or institution: 28-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4811 Coleherne Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Stephen Oursler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Date Winona Edel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1901

8. AGE: Years 46 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Police officer

11. Industry or business Balto. City

FATHER
12. Name Samuel S. Oursler
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna R. Wright
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lawrence Newark
(b) Address 4811 Coleherne Rd.

17 (a) Burial (b) Date thereof May 24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4101 Edmondson Ave.

19 MAY 24 1948 Hopkins Hospital
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21/48. 19 , at 11.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to 21 May 1948, and that I last saw h[illegible] alive on 18 May 1948.

Immediate cause of death: Carcinoma of splenic flexure of colon with metastases — Duration: 1 yr.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 13 May 1947

Major findings of operation: Carcinoma of splenic flexure of colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John a Herbert M. D.

Address 20 E. Preston St. Balt. 2 Date signed 23 May 48

VS 150

G63504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G63504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Dartford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lester D. Highfill

3 (b) If veteran, name war WWI

3 (c) Social Security Account No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-1898.

8. AGE: Years 50 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Lead Burner

11. Industry or business Paint Syd.

FATHER
12. Name James Highfill
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Viola May Paul
15. Birthplace U.S.A.

16 (a) Informant Dorothy Highfill
(b) Address 1624 Dartford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (month) (day) (year)

(c) Cemetery or crematory Balto National
Location 5709 Frederick Rd.

18 (a) Funeral director J. Bruce Lynch
(b) Address 1407 Eddington Rd

19 (a) MAY 24 1948 (b) Registrar
Date rec'd by registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 1.40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary thrombosis.
Myocardial infarction.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George F. Merrill M.D.
Medical Examiner.
Date signed 5-22-48

663505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663505

663505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 W. Hoffman St
(c) Hospital or institution: 1704
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Hoffman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gales Vaughn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b). Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 - 1891

8. AGE: Years	Months	Days	If less than one day
56 67	7	1	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name William Kelly
13. Birthplace Va

MOTHER
14. Maiden Name Dora Pinder
15. Birthplace Va

16 (a) Informant Benjamin Vaughn
(b) Address 533 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (month) (day) (year)
(c) Cemetery or crematory Lincoln
Location Portsmouth Va

18 (a) Funeral director Wm A Jackson
(b) Address 2 [illegible] Penna Ave

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1947 to 5/21 1948, and that I last saw h[illegible] alive on 5-21 1948.

Immediate cause of death	Duration
Hypertension Cardio Vascular Renal	6 mos
Due to Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Atwell Jones M. D.
Address 325 St Paul St Date signed 6-3-48

550

V S 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G63506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 10 01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Proctor Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Frances Shanahan

3 (b) If veteran, name war:

3 (c) Social Security Account No. 215-07-6111

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maurice A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 20, 1913

8. AGE: Years 35 | Months 3 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Sewing

11. Industry or business: Industrial Building

FATHER
12. Name: CATALDO SCARPELLO
13. Birthplace: ITALY

MOTHER
14. Maiden Name: MARIA SODARO
15 Birthplace: ITALY

16 (a) Informant: MAURICE A. SHANAHAN
(b) Address: 1117 PROCTOR ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/25-48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore

18 (a) Funeral director: Frank Sellis Sons
(b) Address: 1545 N. Monroe St.

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntingtown, Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1948, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19/ 1948 to 5/22/ 1949, and that I last saw her alive on 5/22 1948.

Immediate cause of death	Duration
Hypertensive Encephalopathy	
Due to Chronic nephritis	
Due to	
Other Conditions Pneumonia, lobar, left. (Include pregnancy within 3 months of death)	

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Henry J. Hanaka M.D.
Address St. Jos. Hosp. Date signed 5/24/48

131a

VS 150

663507

BC- 48.10828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 663507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 S. Calhoun St
(c) Hospital or institution: Franklin Sq. Hosp. 70-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1952 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Fonte (Joseph Eugene)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of ~~husband or wife~~ Margaret Fonte

6 (c) ~~If alive, give age~~ 21 years

7. Birth date of deceased (mo., day, yr.) May 19 1948

8. AGE: Years	Months	Days	If less than one day
		4 dys.	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation o

11. Industry or business o

FATHER 12. Name Joseph Fonte

13. Birthplace -

MOTHER 14. Maiden Name Margaret Riddell

15. Birthplace Baltimore

16 (a) Informant Mrs. Marg. Fonte (mother)

(b) Address 1952 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24-48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md

18 (a) Funeral director Girault Dallam

(b) Address 52 W. Morley St

19 (a) MAY 24 1948 (Date registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 - 1948, to May 23 1948, and that I last saw him alive on May 23 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Atelectasis - Rt. Lung	4 days
Due to	
Other Conditions Prematurity.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter K. Spelsberg M. D.
Address Franklin Square Date signed 5/23/48

161a

G63508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G63508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Furrow St.
(c) Hospital or institution: 20-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Furrow St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Richter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Christian

6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) 9-2-1883

8. AGE: Years	Months	Days	If less than one day
64	8	18	— hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Paul
13. Birthplace Germany

MOTHER
14. Maiden Name Lauterbaum
15. Birthplace Germany

16 (a) Informant
(b) Address 413 S. Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md

18 (a) Funeral director F. B. Wisheart & Son
(b) Address 700 Eutaw Place

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1947 to May 20 1948, and that I last saw h[illegible] alive on May 19 1948.

Immediate cause of death	Duration
Diabetes Mellitus	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Leon Langhlin M. D.

Address 400 N. Payson St. Date signed 5/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. G63509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... 63
(c) Hospital or institution: John Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S Broadway (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country

3 (a) FULL NAME Manley E. Calhoun Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Mar 19th 1933

8. AGE: Years	Months	Days	If less than one day
15	2	2	... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Manley E. Calhoun
13. Birthplace Va.

MOTHER
14. Maiden Name Leona Wampler
15. Birthplace Va.

16 (a) Informant Mr. M. Calhoun Sr
(b) Address 711 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25th 1948 (month) (day) (year)
(c) Cemetery or crematory Balto
Location E. North Ave Ext

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 5:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Epilepsy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature ... M.D. Medical Examiner.
Date signed 5-22-48

VS 151

663510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. 663510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 773 Bradley Ave
(c) Hospital or institution: 17-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 773 Bradley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Riddick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ernest Riddick
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May - 15 - 1911

8. AGE: Years 37 | Months — | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore - Md
(Town, county, and state)

10. Usual Occupation Domestic work

11. Industry or business

FATHER
12. Name Florence Green
13. Birthplace Baltimore - Md

MOTHER
14. Maiden Name Viola Braxton
15. Birthplace Baltimore - Md

16 (a) Informant Viola Riddick
(b) Address 773 Bradley Ave

17 (a) Burial (b) Date thereof 5/25/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Co Md

18 (a) Funeral director Roy A Jackson
(b) Address 916 Pennsylvania Ave

19 MAY 24 1948 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 12.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948 to 5/22 1948; and that I last saw h alive on 5/22 1948

Immediate cause of death Chronic Endocarditis + Nephritis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burl Swanson M.D.

Address 1111 W Lee Date signed 5/24/48

VS 150

663511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. 663511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Gough Street
(c) Hospital or institution: 7-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Gough Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Derda (Andrysiak)
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-05-3123

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Michael Derda
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 1889

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George Koczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Rybicki
15. Birthplace Poland

16 (a) Informant Mrs. Helen Skalinska
(b) Address 2009 Gough Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1948 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus cem
Location City

18 (a) Funeral director John M. Welsh
(b) Address 407 S. Chester Street

19 (a) May 24 1948 (Entered by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION 410

20. DATE OF DEATH May 21 1948 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1947 to May 21 1948 and that I last saw h[illegible] alive on May 20 1948.

Immediate cause of death Pneumonia
Carcinoma of the Ovary.
Due to Generalized Carcinomatosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None shown
of autopsy None

Duration
Two yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ed Schimmel M. D.
Address 604 Exeter Date signed 5-21-48

VS 150

X

663512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 663512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Westgate Road
(c) Hospital or institution: 78.04
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Westgate Road, Ten Hills
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Mary Knorr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr) Nov. 20, 1885

8. AGE: Years	Months	Days	If less than one day
62	6	21	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business --------

FATHER
12. Name Charles J. Knorr
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Clara Stuart
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss A. Marie Knorr
(b) Address 505 Westgage Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 E. Calvert Street

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS :50

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 6:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948 to May 21 1948, and that I last saw h-- alive on May 21 1948.

	Duration
Immediate cause of death: Coronary occlusion	Acute
Due to: Arteriosclerotic heart disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo J Sare M.D.
M. D.

Address 1 Mallow Hill Ave Date signed 5/24/48

William [illegible] M.D. per: [illegible]

G63513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Fleet St.
(c) Hospital or institution: 1-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Fleet St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14. 1875

8. AGE: Years 73 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Czekoslovakia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name John Lemrad
13. Birthplace Czek.

MOTHER
14. Maiden Name Antonia ?
15. Birthplace Czech.

16 (a) Informant Louise B. Mueller
(b) Address 2206 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Lilly & Zeller
(b) Address 403 S. Wolfe St.

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Huntington Hillcrest, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 19 48 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to May 23rd 1948 and that I last saw h[er] alive on May 23rd 1948

Immediate cause of death Pneumonia — Duration

Due to Myocardial insufficiency

Due to arteriosclerosis

Other Conditions Gangrene Rt. leg

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mare Trampe M.D.
Address 1623 E. N. Ave. Date signed 5/24/48

VS 150

93E

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRESS—WRITE FIRMLY, WITH UNFADING INK.

C63514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C63514

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital ~~or Institution~~: St. Joseph's 76-08
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hr. 13/15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 S. Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cromwell, William Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband of wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 28, 1883

8. AGE: Years	Months	Days	If less than one day
65	3	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Street Cleaner
11. Industry or business City of Baltimore

FATHER
12. Name Laurence Cromwell
13. Birthplace Balto

MOTHER
14. Maiden Name Eliz. Nelson
15 Birthplace Balto

16 (a) Informant Wm H. Cromwell
(b) Address 9015 Duvall Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Lilly + Zeiler Inc
(b) Address 403 S. Wolfe St

19 (a) MAY 24 1948 (Date rec'd by registrar) Huntington Williams M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948, at 4:07 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22, 1948, to May 23, 1948 and that I last saw him alive on May 23, 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebro vascular Accident	
Due to Hypertensive CVD	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent D. Bogdanich M.D.
Address St Joseph's Hosp Date signed 5/23/48 M D

663515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution: Nursing Home ? - 0 ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Fulgurne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Litson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1877

8. AGE: Years	Months	Days	If less than one day
70	6	8	hr. min.

9. Birthplace Newburg N Y
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Litson
13. Birthplace N Y

MOTHER
14. Maiden Name Agnes Lorstine
15. Birthplace N Y.

16 (a) Informant Geo. E. Symington
(b) Address 12 E Lymington Ave

17 (a) Burial (b) Date thereof 5-27-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Georges
Location Newburgh N. Y.

18 (a) Funeral director John A. Morgan
(b) Address 3006 E. Balt. St.

19 (a) MAY 24 1948 Date rec'd by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24- 1948, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23- 1946, to 5-24 1948, and that I last saw h. alive on 5-24 1948.

Immediate cause of death	Duration
CHRONIC MYOCARDITIS	1 YEAR
Due to ARTERIOSCLEROTIC HEART DIS.	3 YEARS.
Due to	
Other Conditions CHRONIC BRONCHITIS WITH BRONCHIECTASIS	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. B. Musa Jr. M. D.

Address 448 N. Fulgurne Ave Date signed 5-24-48

VS 150

G63516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-10600 159

Registered No. G63516

The very item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important. PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles St.
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Gray Manor Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Baby Boy Mulkern

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-48

8. AGE: Years — | Months — | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name James Aloysius Mulkern
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mariel Frances Carter
15. Birthplace Brunswick, Md.

16 (a) Informant Muriel Frances Mulkern
(b) Address 2700 Gray Manor Ct.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory ...
Location Johns Hopkins Medical Schoo MAY 24 1948

18 (a) Funeral director Commissioner of Health
(b) Address ...
19 (a) MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1948 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-20 1948, and that I last saw him alive on 5-20 1948

Immediate cause of death	Duration
Prematurity	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ... M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury ...

23. Signature ... M. D.
Address 816 Cathedral St. Date signed 5/21/48

VS 150

C63517
HL 118964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1270

C63517
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 2-03
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Fleet St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steve Jarowski

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1884

8. AGE: Years	Months	Days	If less than one day
63	7	6	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gaborie Jarowski (D)
13. Birthplace Poland

MOTHER
14. Maiden Name Annie Gil (D)
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo MAY 24 1948

18 (a) Funeral director Commissioner of Health
(b) Address

MAY (a) 24 1948 (Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 14 1948, at 8-15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1948 to May 14 1948, and that I last saw h in alive on May 14 1948.

Immediate cause of death	Duration
obstructive Jaundice.	6 months
Due to etiology undetermined	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. GLOEE M.D.
Address 4940 Eastern Ave Date signed 5-24-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

Registered No. 663518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-05
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Penelope Jeffries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 41 | Months | Days | If less than one day: hr. min.

9. Birthplace: Cumberland Co., Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Patrick Jeffries
13. Birthplace

MOTHER
14. Maiden Name: Nancy Brown
15. Birthplace

16 (a) Informant:
(b) Address: Johns Hopkins Hosp.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24, 48 (month) (day) (year)
(c) Cemetery or crematory
Location: Farmville, Va.

18 (a) Funeral director: Mrs. R. A. Elliott & Daughter
(b) Address: 1129 N. Carrollton Ave.

19 (a) MAY 24 1948 (Date rec'd by registrar) (b) Tuntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1948, at 9:20 P.M.

21. I certify that I took charge of the remains described above, held an Hospital Autopsy on and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Brain abscess, cerebrum

Purulent meningitis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: PER: WILLIAM G. SHELFRICH, M.D. M.D.
Medical Examiner.

Date signed: 5-24-48

VS 151

663519

G M.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

663519

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 7-05

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month

(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1618 E. Monument St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Matthew Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Beulah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 3 1913

8. AGE: Years 35 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace VA.

(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Sam Bailey

13. Birthplace VA.

MOTHER

14. Maiden Name Cora Hardy

15. Birthplace Va.

16 (a) Informant Records Balto. City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 5/24/48

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Greenbay Va.

18 (a) Funeral director Mrs. Ruth G. Edwards Dgt

(b) Address 11297 Garlic St.

19 MAY 24 1948 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 21 - 1948, at 5.10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 -16 - 1948, to 5- 21- 1948, and that I last saw h. im alive on 5 - 21 - 1948

Immediate cause of death	Duration
Tuberculosis of Larynx	?
Due to Far Advanced Bilat. Pulm. T Bc	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5/11/48

Major findings of operation: Tracheotomy

of autopsy: TRACHEOTOMY

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature John L. Morrison

Address Balto City Hosp Date signed 5/21/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

063520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 063520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Sarah Ann St.
(c) Hospital or institution: 18-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Sarah Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wh.	widower

6 (b) Name of husband or wife Helen Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1880

8. AGE: Years	Months	Days	If less than one day
68	4		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Parker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Betty [illegible]
15. Birthplace Balto. Md.

16 (a) Informant Betty Cole
(b) Address 1712 Woodyear St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katye R. Williams
(b) Address 322 N Schroeder St

19 (MAY 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1948, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948, to May 20 1948 and that I last saw h. alive on May 20 1948.

Immediate cause of death	Duration
Congestive Heart failure	2
Due to Hypertensive Heart disease	
Due to Hypertension	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wallace Shrigley M.D.
Address 701 N Caroy St Date signed 5/24/48

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63521

BALTIMORE CITY HEALTH DEPARTMENT ✓ G63521
CERTIFICATE OF DEATH 131a
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 Dolphin St.
(c) Hospital or institution: 11-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Dolphin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Silas Hudgins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-0285

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: ✓

6 (b) Name of husband or wife: Bertha Hudgins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4-1869

8. AGE: Years 78 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Alexandria, Va. (Town, county, and state)

10. Usual Occupation Porter - (Theatre)

11. Industry or business

FATHER
12. Name Daniel Hudgins
13. Birthplace Alexandria, Va

MOTHER
14. Maiden Name Frances Gray
15. Birthplace Port Royal, Va

16 (a) Informant Mrs Bertha Hudgins
(b) Address 204 Dolphin St

17 (a) V (Burial, cremation, or removal) (b) Date thereof 5-26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto, Md

18 (a) Funeral director Holland Funeral Home
(b) Address 1631 Druid Hill Ave.

MAY 24 1948 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1948, at 7 53 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1947 to 5/22 1948 and that I last saw h.IM alive on 5/21 1948

Immediate cause of death: Hypertensive cardio-renal disease (uremia) — Duration: 2 yrs 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Rayner Browne M. D.

Address RAYNER BROWNE, M.D. 1500 EAST MADISON ST. BALTIMORE 5, MD. Date signed

X

663522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663522 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4009 Glenmore Ave
(c) Hospital or institution: 27-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4009 Glenmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Carouge

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Carl Stark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1868

8. AGE: Years 80 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Christopher Hoehl
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Kilp
15. Birthplace Baltimore Md

16 (a) Informant Mrs. E. Carouge
(b) Address 4009 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William Cole & Son
(b) Address 1214 E Baltimore St

MAY 25 1948 (Date rec'd by Registrar) (Signature) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1948 to 5/24 1948, and that I last saw her alive on 5/23 1948.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 week
Due to: Cerebral arteriosclerosis	5 years +
Due to:	
Other Conditions: Diabetes Mellitus, Senility	5 years +

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Wheeler
Address 6731 Belmont-6 Date signed 5/24/48 M. D.

838

C. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G63523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

G63523
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 936 Argonne Drive
(c) Hospital or institution: 9-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Argonne Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie E. Beck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced: Married

6 (b) Name of husband ~~or wife~~: August L. Beck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28th 1896

8. AGE: Years 51 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Stevens
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lavenia Seipes
15. Birthplace Balto. Md.

16 (a) Informant August L. Beck
(b) Address 936 Argonne Drive

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/25/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Meadow Ridge
Location Howard Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

MAY 25 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1948, at 12 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1948 to 5/22/ 1948, and that I last saw h alive on 5/21/ 1948.

Immediate cause of death: Cachexia -
Due to: Lymphosarcoma (Retroperitoneal).
Due to:
Other Conditions:

Duration: 4 weeks - 6 mos -

(Include pregnancy within 3 months of death)
Date of operation Mch 1 - 48
Major findings of operation: Retroperitoneal Lymphosarcoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Bauden M. D.
Address 323 Medical Bldg Date signed 5/24/48

663524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 663524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution: Md. Gen Hosp. Ward 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 O'Donnell St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna B. Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband John S. Mueller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1869

8. AGE: Years 78 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John M. Banz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary B. Hensler
15. Birthplace Balto. Md.

16 (a) Informant J. Leo Mueller
(b) Address 1011 Walnut Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 MAY 25 1948 (Date received by Registrar) Huntington Williams M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 5 27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to May 23 1948, and that I last saw her alive on May 23 1948.

Immediate cause of death Cardio-Respiratory failure — Duration

Due to Cerebral accident

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. James Hunt M. D.
Address Md. Gen Hosp Date signed 5/25/48

A James Hunt X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663525

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General Hosp 4-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days) 5 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Malster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Leo J. Klaus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband or~~ wife Madeline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1892

8. AGE: Years	Months	Days	If less than one day
56	4	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Master Plumber
11. ~~Industry or~~ business Own

FATHER
12. Name Joseph Klaus
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schmidt
15. Birthplace Germany

16 (a) Informant Robt. Klaus (Son)
(b) Address 1518 Malster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAY 25 1948 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 May 1948, at 6.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 24 May 1948 to 24 May 1948, and that I last saw h~~im~~ alive on 24 May 1948.

	Duration
Immediate cause of death Acute cardiac failure	2 hrs
Due to Hypertensive cardio-vascular disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. Allan Smith M. D.
Address Md Gen Hosp Date signed 24 May

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

663526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. 663526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 04
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 E. Preston St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Heinz

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-01-6362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sadie E Heinz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30- 1887

8. AGE: Years	Months	Days	If less than one day
60	4	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Painter Weaver.

FATHER
12. Name Dancer Heinz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Joseph Heinz Son
(b) Address 2321 E Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Md.
Location

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

MAY 25 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1947, to May 23 1948, and that I last saw him alive on May 22 1948.

Immediate cause of death	Duration
Carcinoma of Caecum	6 mo 15d
CAECUM	
Due to	
Due to	
Other Conditions Metastasis of lungs liver - Abs	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ira Stevens M. D.
Address 2878 Harford Av Date signed 5-24-48

663527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

663527 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4601 Virginia Ave
(c) Hospital or institution: 25.05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4601 Virginia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aaron F. Slavy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Gracie L Slavy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19th 1889

8. AGE: Years	Months	Days	If less than one day
58	6	4	hr. min.

9. Birthplace Mill Town Ky.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Electrician

FATHER
12. Name John Slavy
13. Birthplace Ky

MOTHER
14. Maiden Name Mary C. Head
15. Birthplace Ky.

16 (a) Informant Gracie Slavy
(b) Address 4601 Virginia Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) Date received by local registrar MAY 25 1948 (b) Huntington Williams, MD

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1948, at 11:03 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to May 1948 and that I last saw him alive on May 22 1948.

Immediate cause of death	Duration
Carcinoma - abdominal	6 mos.
Due to —	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Haught M. D.
Address 302 Patapsco Ave. Date signed May 24 1948

X

G63528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. G63528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use typewriter if possible. Do not abbreviate or use ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Patapsco St.
(c) Hospital or institution: 43-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Patapsco (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Edmond Flannagan
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-7691

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Cora M.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 18-1878
8. AGE: Years 69 | Months 6 | Days 6 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Railroad Clerk
11. Industry or business

FATHER
12. Name Valuck Flannagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Olivia Smith
15. Birthplace Maryland

16 (a) Informant Wife Cora Flannagan
(b) Address 1501 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Ave.

18 (a) Funeral director John Frank
(b) Address 5635 Ashburton Rd.

19 MAY 25 1948 (Date received by Registrar) Registrar of Vital Statistics, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/48 19.. at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1948 to 5/24 1948 and that I last saw him alive on 5/23 1948.

Immediate cause of death	Duration
Chronic Endocarditis	3 mos.
Due to = Hypertension - Arterial	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. B. Mullet M.D.
Address 1217 Hilliard St. Date signed 5/24/48

VS 150

X

663529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

663529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 831 Leadenhall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-01
(e) Length of stay in Baltimore (yrs.) mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Leadenhall St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Galbraith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1890

8. AGE: Years 57 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Alton
13. Birthplace Md

MOTHER
14. Maiden Name Rachel Frost
15. Birthplace Md

16 (a) Informant Willis Galbraith
(b) Address 83, Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co., Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 168 W Montgomery St

19 MAY 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 2 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1948 to 5-24 1948, and that I last saw h[illegible] alive on 5-24 1948.

Immediate cause of death Myocardial degeneration — Duration

Due to

Due to

Other Conditions Arteriola Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1543 Penna. Ave Date signed 5/27/48

VS 150

93D

663530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 663530

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2640 Huntingdon Ave.
(c) Hospital or institution: 12-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2640 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert M. Baston.

3 (b) If veteran, name war: –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife: Louise L. Baston
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.) Aug 14 1870

8. AGE: Years	Months	Days	If less than one day
77	9	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Huckster - Retired
11. Industry or business

FATHER
12. Name Jacob Baston.
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Louise L. Baston.
(b) Address 2640 Huntingdon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park.
Location

18 (a) Funeral director Paul E. Lehmann & Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) MAY 25 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1948, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1948, to May 27 1948, and that I last saw h/e alive on May 27 1948.

Immediate cause of death	Duration
Carcinoma intestinal tract with widespread metastasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend M. D.
Address 14 E. Eager St Date signed 5/25/48

X

663531 Bk 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30D

✓ 663531

Registered No. 315064

Please write or print plainly in ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17-03
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1052 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3 (a) FULL NAME Rebecca Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 8- 1898

8. AGE: Years 49 | Months 9 | Days | If less than one day ..... hr. ..... min.

9. Birthplace D.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Howard

FATHER 13. Birthplace D.C.

MOTHER 14. Maiden Name Lena ?

MOTHER 15. Birthplace D.C.

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location.....

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Silver dale St

19 (a) MAY 25 1948 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1948, at 6 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1948 to 5-21 1948, and that I last saw her alive on 5-21 1948.

Immediate cause of death	Duration
Due to Hypertensive cardio-vascular disease	2-3 yrs.
Due to arteriosclerosis generalized Pyelonephritis, Chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy aneurysm aorta at body

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J H Sisson M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 2 June 48

VS 150

93D

63532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 756 W. Redwood st
(c) Hospital or institution: 4-02

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 756 W. Redwood st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Kelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edward Kelley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1868

8. AGE: Years 60 | Months 9 | Days | If less than one day hr. min. 1987

9. Birthplace Augusta Georgia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Ida Bowers
(b) Address 756 Redwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

16 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

MAY 25 1948 (Date rec'd by Registrar) (Huntington Williams Mott) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1948 at 11 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1948 to 5/22/ 1948
and that I last saw h[illegible] alive on 5-22 1948

Immediate cause of death Pneumonia
Mitro cardiac

Duration

Due to arterio sclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 5/25/48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

USE BLACK INK ONLY, WRITE PLAINLY, WITH UNFADING INK.

663533 Sol 2039 ✓ 663533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Eutaw St.
(c) Hospital or institution:
Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town [redacted] Govans
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Boone Garrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stewart Garrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1905

8. AGE: Years 42 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Carroll Boone

13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Annie Bales

15 Birthplace St Marys Co. Md

16 (a) Informant James Jackson

(b) Address 800 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 48 (month) (day) (year)

(c) Cemetery or crematory W. H. Auburn Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

MAY 25 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 19 48, at 5-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 19 48 to 5-22 19 48, and that I last saw h[illegible] alive on 5-22 19 48

Immediate cause of death Cardiac failure
Cerebral vascular accident — Duration

Due to hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Flood, M. D.

Address [redacted] Date signed 5-22-48

X

C63534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

C63534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Square Hospital 15-0
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Bakbury Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerdon (George) Overby

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION 48 10

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Carrie Overbey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1920

8. AGE: Years	Months	Days	If less than one day
27	5	21	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Sylvester Overbey
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Rose V. Kimbrough
15. Birthplace Columbia Va.

16 (a) Informant Carrie Overbey
(b) Address 1611 Bakbury Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAY 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

20. DATE OF DEATH May 19, 1948, at 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of chest involving lung

Due to

Other Conditions Bullet wounds of both arms
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-19-48 approx. 9:50 P.M.
(b) Where did injury occur? 1500 blk. W. Balto. St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms

23. Signature Medical Examiner M.D.
Date signed 5/20/48

VS 151

X

correct age is especially important. Physicians: please write the cau... information should be carefully supplied. The causes of death clearly and legibly.

C63535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146E

Registered No. C63535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or ~~Institution~~ St. Joseph's 27-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5311 Tramore Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Funk, Joseph Franklin, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-0103

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Annabel Funk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1877

8. AGE: Years	Months	Days	If less than one day
71	2	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Coppersmith

11. Industry or business Bioli Bros.

FATHER 12. Name Charles W. Funk

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Johns

15 Birthplace Virginia

16 (a) Informant Mrs. Charles Funk

(b) Address 2703 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (month) (day) (year)

(c) Cemetery or crematory Parkwood Mem

Location Baltimore Co. Md.

18 (a) Funeral director Leonard J. Rush

(b) Address 2305 Harford Rd

19 (a) May 25 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1948 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1948 to May 22, 1948 and that I last saw him alive on May 22, 1948.

Immediate cause of death Cardio respiratory failure — Duration

Due to Atelectasis, right lung

Due to

Other Conditions Carcinoma of sigmoid colon

(Include pregnancy within 3 months of death)

Date of operation 5-19-48

Major findings of operation: Carcinoma of sigmoid colon

If autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony F. DiPaula M.D.

Address St. Joseph's Hosp. Date signed 5/22/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. 663536

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 E.Chase Street
(c) Hospital or institution: 8.04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 E.Chase Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F.Kadlec

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katherine Kadlec
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.) March 8,1892
8. AGE: Years 56 | Months 2 | Days 16 | If less than one day: hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Police
11. Industry or business Balto. City

FATHER
12. Name Blasius Kadlec
13. Birthplace Czechoslovak

MOTHER
14. Maiden Name Julia-----
15. Birthplace Czechoslovak

16 (a) Informant Mrs.Katherine Kadlec
(b) Address 2217 Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.Park
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

MAY 25 1948 (Date rec'd by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th.1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1942 to 5/24 1948 and that I last saw him alive on 5/23 1948

Immediate cause of death: Bronchopneumonia — Duration: 2 Days
Due to: Papillary Adeno Carcinoma Endometrium
Due to: Generalized Metastases.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: Adeno Carcinoma Kidney
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Earl Grannan M. D.
Address 2122 Patterson Date signed 5/25/48

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663537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. 663537

Typewrite or print clearly in ink. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-03
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 351 Whitridge ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Joseph C. Oswinkle, Sr.

3 (b) If veteran, name war: World War # 2
3 (c) Social Security Account No. 215-10-3708
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife: Mary E. Oswinkle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 18, 1909
8. AGE: Years 39 | Months 4 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Press Dairy
11. Industry or business

FATHER
12. Name Frank Oswinkle
13. Birthplace Baltimore

MOTHER
14. Maiden Name Theresa Smiard
15. Birthplace Baltimore

16 (a) Informant Mrs Lillian Doeffler
(b) Address 315 Whitridge Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (month) (day) (year)
(c) Cemetery or crematory Balto. Meth. Cem.
Location Frederick Ave
18 (a) Funeral director John E. Milby Inc
(b) Address 3435 E. Oliver St
19 MAY 25 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 11:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1948 to May 22 1948, and that I last saw him alive on 19
Immediate cause of death Dehydration + Starvation — Duration
Due to Generalized metastasis
Due to Carcinoma of pancreas
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: Carcinoma of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank J. Brady M. D.
Address Md. Gen. Hosp. Date signed 5-23-48

VS 150

663538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. 663538

Correct age is especially important. Physicians: please write plainly, and information should be carefully supplied. The write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17-01
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County .....
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Moore Alley (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Major Gunthrope

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1927

8. AGE: Years	Months	Days	If less than one day
21	4	21	..... hr. ..... min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

FATHER
12. Name Eddie Gunthrop
13. Birthplace S. C.

MOTHER
14. Maiden Name Lillie Mae ?
15. Birthplace S. C.

16 (a) Informant Lillie Mae Gunthrop
(b) Address 501 Moore Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat.
Location .....

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAY 25 1948 (Date rec'd by registrar) Hunting for Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24-1948, at 12 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet Wound of heart

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/24/48 at approx. 12 15 A.M.
(b) Where did injury occur? Druid Hill Ave. and Orchard Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public. While at work? No
(d) Means of injury Gunshot

23. Signature ..... M.D.
Medical Examiner.
Date signed 5/24/48

C63539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C63539

Please write the cause of death clearly and legibly. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. The information should be carefully applied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Finney Ave & Madison St.
(b) Street address Maryland Gen Hosp 2603
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Chesterfield Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A Bredekamp — Mary A. Bredekamp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John H. Bredekamp
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27 1870

8. AGE: Years 77 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mr John H. Bredekamp
(b) Address 3408 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto

18 (a) Funeral director Jos J Merriken Son
(b) Address 3651 W Lexington St

19 (a) MAY 25 1948 (Date rec'd by registrar) Huntington Woods Mich

[redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 2 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1948, to May 23 1948, and that I last saw h er alive on May 23 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Cerebral accident	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. James Hunt M. D.
Address Md Gen Hosp Date signed 5-23-48

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. 663540

(Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR TYPEWRITE, WITH UNFADING INK.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3730 Winterbourne Rd.
(c) Hospital or institution 15-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 Winterbourne Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sophia J Hartig

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Famale	White	Widowed

6 (b) Name of husband or wife Ludwig C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1877

8. AGE: Years	Months	Days	If less than one day
71		29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business

FATHER
12. Name John C. Siegle
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline
15. Birthplace

16 (a) Informant Mr. Franz J. Hartig
(b) Address 3730 Winterbourne Rd.

17 (a) Burial (b) Date thereof 5/25/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) MAY 25 1948 (Date received by Registrar) Huntington Williams M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 19 48, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16/46 19 to 5/22/48 19, and that I last saw her alive on 5/16/48 19.

	Duration
Immediate cause of death Sarcomatosis	
Due to Sarcoma of the Uterus	present since first seen
Due to Degeneration of a fibroid.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: (diagnosis verified by biopsy)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Lachemer M. D.
Address Esplanade Apts. 17 Date signed 5/24/48

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C63541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C63541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hosp. 7-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N Elwood ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Josephine Bond Travis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ALLEN TRAVIS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 26, 1879

8. AGE: Years 69 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business TOBACCO

MOTHER / FATHER
12. Name CHARLES A. BALLMAN
13. Birthplace BALTO, MD.
14. Maiden Name SARA FREEBURGER
15. Birthplace BALTO

16 (a) Informant MRS. HAZEL B. TATE
(b) Address 1917 EUTAW PLACE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location BALTO, MD.

18 (a) Funeral director WM. F. TICKNOR & SONS
(b) Address BALTO, MD.

19 (a) Date received MAY 25 1948 Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 24 1948 and that I last saw her alive on May 24 1948

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Coronary thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. James Hunt M. D.
Address 1414 Eutaw Place Date signed 5/24/48

Please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write

VS 153

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G63542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63542 Registered No.

The spaces must be filled in carefully, supplied. These write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 Mt. Olivet Lane
(c) Hospital or institution: No 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (Or foreign country)
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Mt. Olivet Lane (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Gaubatz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5815

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Single

6 (b) Name of husband or wife "

6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) Jan 26 1877

8. AGE: Years	Months	Days	If less than one day
71	3	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Making Room.

11. Industry or business Hochschild, Kohn & Co.

FATHER
12. Name George Gaubatz
13. Birthplace Virginia

MOTHER
14. Maiden Name Minnie Schnepfe
15. Birthplace Germany

16 (a) Informant John W. Gaubatz
(b) Address 346 Mt. Olivet Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director F. D. Wippert & Son
(b) Address 1300 Eutaw Place

MAY (a) 25 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948 at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to May 22 1948, and that I last saw her alive on 5/22 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 Days
Due to Renal Adenoma	8 Years
Due to	
Other Conditions Pernicious Anemia	7 Years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson, M. D.
Address 34 32 Indiana Date signed 5/24/48

VS 150

663543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 N. Bentalou Street
(c) Hospital or institution: 16-05

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Kincaid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Cecilia E. Kincaid

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 29-1885

8. AGE: Years 62 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Male Nurse

11. Industry or business

FATHER
12. Name Chas. E. Kincaid
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Knight
15. Birthplace Md

16 (a) Informant Cecilia E. Kincaid
(b) Address 2306 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1937 (month) (day) (year)

(c) Cemetery or crematory Md Memorial
Location Black Horse, Md

18 (a) Funeral director J. D. Nuthgut & Son
(b) Address 300 Eastern Ave

MAY 25 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 9:15 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary thrombosis.
Myocardial degeneration.
Due to Dilatation of heart.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George E. Merrill M.D. Medical Examiner.
Date signed 5/24/48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G63544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. G63544

Write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Physicians please write in ink.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5111 York Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William G. Thumm Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amey Thumm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1887

8. AGE: Years	Months	Days	If less than one day
60	10	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation CPA

11. Industry or business Own office

FATHER
12. Name William G. Thumm Sr.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna D. Decker
15 Birthplace Pennsylvania

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Fortney & Hope
(b) Address 2234 Charles St

19 (a) MAY 25 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 8 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 24 1948 and that I last saw him alive on May 24 1948

Immediate cause of death Coronary Thrombosis — Duration 7 days

Due to Arteriosclerotic Cardiovascular disease — Duration yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Otis Montgomery M.D.
M. D.
Address Mercy Hospital Date signed 5-24-48

X

G63545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63545

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp 27-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 78yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Rosalie Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Veronica Seidl

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife FRANK N. SEIDL
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/14/1869

8. AGE: Years 78 | Months 10 | Days 9 | If less than one day — hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Webster Wells
13. Birthplace Anne Arundel Co. Md.

MOTHER
14. Maiden Name Mary E. Shields
15. Birthplace England

16 (a) Informant Elizabeth Babcock
(b) Address 3012 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 27-1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director J. Eugene Long Inc.
(b) Address 448 W. Mt. Royal Ave.

19 (a) MAY 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 23 1948, and that I last saw her alive on May 23 1948.

	Duration
Immediate cause of death Cardiac Failure	
Due to Arteriosclerotic CV.D	
Due to	
Other Conditions Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent A.D. Dispalena Jr. M.D.
Address St. Joseph's Hosp Date signed 5-23-48

VS 159

Please write the causes of death clearly and legibly. Physicians: please write as especially important.

G63546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45a

Registered No. G63546

Every item of information should be carefully supplied. Typewriter, with UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 148 N. Luzerne ave.
(c) Hospital or institution: 6 or
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 148 N. Luzerne ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL J. MADDEN

3 (b) If veteran, name war

3 (c) Social Security Account No. ***

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Catherine Ann Madden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1870

8. AGE: Years 77 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Patrick Madden
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Welsh
15. Birthplace Washington, D.C.

16 (a) Informant William E. Madden
(b) Address 2512 Hamilton ave.

17 (a) Burial (b) Date thereof 5/26/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evgard & Son Inc
(b) Address 115 South Mt. Royal Ave

MAY 25 1948

19 (a) Huntington Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 22 1948, and that I last saw him alive on May 22 1948.

Immediate cause of death: Carcinoma of Jejunal Life — Duration 1 yr

Due to:

Due to: — Duration 6 mos

Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)

Date of operation July 1947

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury X

23. Signature R. C. Sweeney M. D.
Address 790 Hamilton Blvd Date signed 5/26/48

X

G63547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63547

Please write the causes of death clearly and legibly. Physicians: please write the cause as specially important. Typewriters may be used.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 W. Fayette St
(c) Hospital or institution Bon Secours Hosp 16-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 W. Lanvale St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Gertrude Sturm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Mr Clarence Sturm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-80

8. AGE: Years 67 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name John F. Dobbin

13. Birthplace Md.

MOTHER 14. Maiden Name Caroline Peregoy

15 Birthplace Md

16 (a) Informant Mrs. Wm. E. Council Jr.

(b) Address 1540 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-1948 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong

(b) Address 3207 W. North Ave.

19 (a) Date received by local registrar MAY 25 1948 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1948, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1948 to 5-25 1948 and that I last saw her alive on 5-24 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury GEORGE W. FISHER

23. Signature Henry W. Fisher M. D.

Address 801 Cathedral St Date signed 5-26-48

94a

663548

BALTIMORE CITY HEALTH DEPARTMENT 1948 Registered No. 663548

CERTIFICATE OF DEATH 92a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. To

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Druid Hill Ave
(c) Hospital or institution: 12-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Lee Stith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Joseph

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1899

8. AGE: Years	Months	Days	If less than one day
48 49	11	22	hr. min.

9. Birthplace Bard Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Hicks
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie Taylor
15. Birthplace Va.

16 (a) Informant Lucille Bryant
(b) Address 17 May St. New Rochelle N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs. Pott & Elliott Dept.
(b) Address 1129 N. Carlton St.

19 (a) Date received by registrar Huntington Williams M.D. Registrar

MAY 25 1948
VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23- 1948 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-48 1948 to 5-23 1948 and that I last saw her alive on 5-22- 1948.

Immediate cause of death	Duration
Cardiac & Respiratory Failure	
Due to Hypertension	2
Cerebral Hemorrhage	
Due to Aortic insufficiency	2
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Harman M. D.
Address 2340 Madison Av. Date signed 5-24-48

663549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1477

Registered No. 663549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 Freeman St
(c) Hospital or institution: 25-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Freeman St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Martin R Lampe

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 219-10-7213

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida E Lampe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1884

8. AGE: Years	Months	Days	If less than one day
63	6	14	hr. min.

9. Birthplace New Bedford, Mass.
(Town, county, and state)
10. Usual Occupation Stock Checker
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Peter Lampe
13. Birthplace Denmark

MOTHER
14. Maiden Name Marie Anderson
15. Birthplace Denmark

16 (a) Informant Ida E Lampe
(b) Address 603 Freeman St

17 (a) Burial (b) Date thereof May 27, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director A. Raymond Evans & Son
(b) Address 1440 S Charles St

19 (a) MAY 25 1948 (b) Huntington Wills
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948, at 1450 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24 1948 to May 24 1948
and that I last saw h alive on May 23 1948.

Immediate cause of death Carcinoma of Lung — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature
Address Date signed

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663550 QUINTILIANI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77c

Registered No. 663550

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL 3-0 W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 STILES (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pasquale Quintiliani

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-8787

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Paver

11. Industry or business Building

FATHER 12. Name Antonio Quintiliani

FATHER 13. Birthplace Italy

MOTHER 14. Maiden Name Carmela Rufo

MOTHER 15. Birthplace Italy

16 (a) Informant Rose Quintiliani

(b) Address 907 Stiles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-48 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Holy Redeemer

Location Belair Rd & Moravia Ave

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Wolfe St

19 (a) MAY 25 1948 (Date rec'd by registrar) (b) Huntington Williams, Mort

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1948, at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D. Medical Examiner.
Date signed 26 May 48

VS 151

Please answer as expertly important. Physicians: please write the causes of death clearly and legibly.

63551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. 63551

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Sefton St
(c) Hospital or institution: 25-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Sefton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James S Crook

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-9813

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 16 - 1902

8. AGE: Years	Months	Days	If less than one day
45	6	8	hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Auto

FATHER
12. Name James H Crook
13. Birthplace Balto Co

MOTHER
14. Maiden Name Ella J Weerman
15. Birthplace Balto Co Md

16 (a) Informant Mable E Galvin
(b) Address 1214 Sefton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director Edward Foulkes
(b) Address 2359 Washington Blvd

19 (a) MAY 25 1948 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1948, to May 24 1948, and that I last saw him alive on May 20 48.

Immediate cause of death	Duration
Cardiac failure	1 wk
Due to Cardio vascular disease	?
Due to Phthisis Pulmonalis	?
Other Conditions PHTHISIS PULMONALIS	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. D. Kieffer M. D.
Address 2470 Mont Blvd Date signed May 25 48

X

WIEMAN

663552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 663552

Please write or print information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Maisel St
(c) Hospital or institution: 25-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No 2105 Maisel St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V Wileman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James E Everett
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Smith
15. Birthplace Md

16 (a) Informant Carrie Stevens
(b) Address 2105 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1948 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Cem City
Location

18 (a) Funeral director Edward Foulson
(b) Address 7359 Washington Blvd Huntington Station, Md

19 (a) MAY 25 1948 (b)
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1947 to May 24 1948 and that I last saw her alive on May 24, 1948.

Immediate cause of death Cardiac failure — Duration 2 mos

Due to

Due to

Other Conditions Arteriosclerosis Generalized
(Includes pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Setnfeld

Address 301 Arnold Date signed 5/24/48

VS 150

G63553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

Registered No. G63553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Aisquith Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Marie Schmidt (Marie A.Schmidt)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: ?

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Schmidt
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.) 1/13/92

8. AGE: Years 56 | Months 4 | Days 10 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Hwfe. (Janitor)
11. Industry or business: Balto:Schools

FATHER
12. Name: John F Riess
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dora Whittman
15. Birthplace: Germany

16 (a) Informant: Mr.Edward Schmidt (Husband)
(b) Address: 1420 Aisquith Street, Balto:Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: E.North Avenue

18 (a) Funeral director: George J.Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) MAY 25 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23/ 1948, to 5/23/ 1948, and that I last saw her alive on 5/23/ 1948.

Immediate cause of death	Duration
Hyperpyrexia	
Cardio Resp. Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Brain report ready & Thurber.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Bailey M.D.
Address 140 N Caroline Date signed 5/24/48

X

G63554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G63554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1538 Latrobe Park Terrace
(c) Hospital or institution: 24-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 Latrobe Park Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Wm. J. Herzog.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19-1892

8. AGE: Years	Months	Days	If less than one day
55	6	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alphonse J. Herzog
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Payack
15. Birthplace Balto. Md.

16 (a) Informant Margaret Herzog
(b) Address 402 N. Streeper St.

17 (a) Burial (b) Date thereof May 26-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk. Cem.
Location Windsor Mill Rd.

18 (a) Funeral director John L. Miller
(b) Address 2334 Jefferson St.

19 (a) May 26 1948 (b) Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1948 to May 23 1948 and that I last saw him alive on May 22 1948.

Immediate cause of death	Duration
Carcinoma Head of Pancreas.	
Due to —	
Due to —	
Other Conditions Nephritis Pulmonary Oedema. (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Schreuch M. D.
Address 133 S. Charles St. Date signed 5/25/48

Write age if especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G63555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. G63555

Please write the causes of death clearly and legibly. Use only black ink. Typewriter preferred. Please write plainly. Typewriter supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9-09
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. NK (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Smith

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School MAY 25 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 MAY 25 1948 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 13, 1948, at 11:50 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained. (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Electrocution

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-13-48 8/7 A. M.
(b) Where did injury occur? 1600 blk. Hoffman Street
(c) Did injury occur at home, on farm, industrial place, in public place? P.R.R. freight car While at work? No
(d) Means of injury Electrocuted by high tension wire

23. Signature George A. Merrill M.D. Medical Examiner.

Date signed 5-13-48

VS 151

663556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V-132

Registered No. 663556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 1901
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William CLARK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 44 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School MAY 25 1948
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 25 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1948, at 10:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pulmonary Tuberculosis,
with miliary spread

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 5/8/48

X

Please write the cables of death clearly and legibly.

063557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. 063557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3129 Strickland St
(c) Hospital or institution: 20-06
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3129 Strickland St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** George Harry Hunt

3 (b) If veteran, name war: None
(c) Social Security Account No. 221-07-8530

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Catherine Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1892

8. AGE: Years 56 | Months - | Days 28 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Stone cutter
11. Industry or business Retired

FATHER
12. Name Shadrack Hunt
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Ida Catherine Hunt
(b) Address 3129 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) May 25 1948 (b) Huntington Williams, M.D. (Signature or stamp of official)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948, at 11:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to May 23 1948. and that I last saw h[illegible] alive on May 22 48

Immediate cause of death: Carcinoma of Right Lung — Duration: 18 mos.
Due to:
Due to:
Other Conditions: Chr. nephritis — 2 mos.

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Jon eD Wermatt

Address 1136 Poplar Jon St Date signed M. 6 D. 24/48

G63558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn. (b) County
(c) City or town Naugatuck (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Oak Street, Hillcrest (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Karl (Rasquin) Rasquin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1894

8. AGE: Years 54 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Naugatuck, Conn. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charley (Rasquin) Rasquin
13. Birthplace Germany

MOTHER
14. Maiden Name Harriett Shewbie
15. Birthplace Conn.

16 (a) Informant C H. Green
(b) Address Naugatuck, Conn

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof 5/25/48 (month) (day) (year)
(c) Cemetery or crematory Grove
Location Naugatuck Conn.

18 (a) Funeral director Wilfred Cook, Inc
(b) Address 1217 St Paul St

19 MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 May 1948, at 1 00 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Chest

Due to

Other Conditions Front. Pelvis + left hip.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 22 May 48 at 2:30 P.M. 26/4
(b) Where did injury occur? Riverside Monument St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Run over by truck

23. Signature Emil J. Rogan M.D.
Medical Examiner

Date signed 23 May 48

G63559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G63559

Please answer questions on death certificate clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 N. Mount St.
(c) Hospital or institution: 1603
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Bessie Reid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Richard M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1895

8. AGE: Years 52 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Burgaw N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dennison Billups
13. Birthplace Burgaw N. C.

MOTHER
14. Maiden Name Ida Jones
15. Birthplace Burgaw N. C.

16 (a) Informant Mrs. Beulah Stephens
(b) Address 810 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/1948 (month) (day) (year)
(c) Cemetery or crematory Family Lot
Location Norfolk Va.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1687 Druid Hill Ave.

MAY 26 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1948, at 9:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1948 to 5/23 1948 and that I last saw h[illegible] alive on 5/23 1948.

Immediate cause of death: Cerebral Accident — Duration: 3 days.
Due to: Hypertension
Due to: C-V Disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Preston Grant
Address 1504 Division Date signed 5/26/48 M. D.

63560 (SAUNER) 63560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 55E

Type or print the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Belair Rd
(c) Hospital or institution: E.O.I

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard W Sauner Sr

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ruth E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1873

8. AGE: Years 75 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Electrician Retired

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Elizabeth Schley

15. Birthplace MD

16 (a) Informant Howard W Sauner Jr

(b) Address 3011 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore MD

18 (a) Funeral director Miller & Son Inc

(b) Address 1219 E Fort Ave

19 (a) MAY 26 1948 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to May 24 1948, and that I last saw h[illegible] alive on May 24 1948

Immediate cause of death	Duration
Cachexia	
Due to Lymphoma	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wolfe Dale, MD

Address 2314 - 01 North Ave Date signed 5/25/48

VS, 150

G663561R Med. Ex. Case

GOR From Jail Released to Hosp.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 156E

G663561 Registered No. 28282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Highlandtown (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Alphonse Ruppert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-26-1873

8. AGE: Years	Months	Days	If less than one day
75	3	28	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk Retired
11. Industry or business

FATHER 12. Name Adam Ruppert
13. Birthplace Germany

MOTHER 14. Maiden Name Margaretta Wolfel
15. Birthplace Germany

16 (a) Informant Margaret Ruppert
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Williams Cook Inc
(b) Address 1717 St. Paul St

19 (a) MAY 26 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1948, at 11 55P M

21. I certify that death occurred on the date above stated; that I attended deceased ~~from~~ on 19 , to 5-24 1948, and that I last saw him alive on 5-24 1948.

Immediate cause of death	Duration
Shock	
Spontaneous Due to Hemorrhage from left renal artery	15 hrs
Due to Arteriosclerosis	
Other Conditions Anuria	8 hrs

(Include pregnancy within 3 months of death)
Date of operation 5-24-48
Major findings of operation: Large retroperitoneal hematoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard D. Bush M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-25-48

For J. W. H. Tamm Jr.
Howard J. Malone M. D. ?

663562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663562 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Kingsway Rd
(c) Hospital or institution 27-09
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Kingsway Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert E. Hubball

3 (b) If veteran, name war No
3 (c) Social Security Account No. Yes

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Wilhelmina P. Hubball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1884

8. AGE: Years 63 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Birmingham, England
(Town, county, and state)

10. Usual Occupation Silver Spinner
11. Industry or business Stieff Silver Co.

FATHER
12. Name Herbert Hubball
13. Birthplace England

MOTHER
14. Maiden Name ? Walters
15. Birthplace England

16 (a) Informant Mrs. Minnie P. Hubball (wife)
(b) Address 1617 Kingsway Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 26, '48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director Wm. T. Tickner & Sons
(b) Address Wertha Pa. Ave. & Rolette Ave.

19 (a) MAY 26 1948 (Date received) Huntington Williams Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 23 1948, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948, to May 23 1948, that I last saw h[e] alive on May 22 1948.

Immediate cause of death Coronary occlusion

Due to Dat. Coronary attack - May, 1946

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration (Said Low) 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Ker D. Lyon M. D.
Address 431 Cathedral Date signed 5/25/48

VS 152

663563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G63563

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 N. HILTON RD.
(c) Hospital or institution:
15-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 GARRISON BLVD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** HENRY THOMAS SNYDER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife FRANCES C. SNYDER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 1, 1860

8. AGE: Years 88 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace HOWARD CO. MD.
(Town, county, and state)

10. Usual Occupation ENGINEER

11. Industry or business B + O - R.R.

FATHER
12. Name CHRISTIAN SNYDER
13. Birthplace HOWARD CO. MD.

MOTHER
14. Maiden Name MARY WEEKS
15. Birthplace HOWARD CO. MD.

16 (a) Informant MRS. FRANCES E. SNYDER
(b) Address 3410 GARRISON BLVD.

17 (a) BURIAL (b) Date thereof 5/27/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LONDON PK.
Location BALTO, MD.

18 (a) Funeral director WM. T. TICHNER & SONS
(b) Address BALTO, MD.

MAY 26 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 24 1948, at 10 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948 to May 24 1948 and that I last saw h alive on May 23 1948.

	Duration
Immediate cause of death Cardio-vascular-kidney disease.	16 days
Due to Arteriosclerosis	months yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2200 Garrison Blvd Date signed 5-25-48

VS 150

663564

31- 119657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 B

663564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: 9-01
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 E. 41st. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Keys

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-8280

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1892

8. AGE: Years 55 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Md., Balto.
(Town, county, and state)

10. Usual Occupation BOOKKEEPER

11. Industry or business Wm. T. TICKNER & SONS INC

FATHER
12. Name William Wesley KEYS
13. Birthplace Md. Balto.

MOTHER
14. Maiden Name ~~Elizabeth Lee~~ SARAH E. LOW
15. Birthplace Md. Balto.

16 (a) Informant ~~Surface Records~~ MRS. RALPH HAMMOND
(b) Address ~~4940 Eastern Ave.~~ 11 LEWIS DR. MAPLEWOOD, N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/48 (month) (day) (year)

(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MD

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 7.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948 to May 25 1948, and that I last saw h alive on May 25 1948.

Immediate cause of death: Basal Cell Carcinoma of skull, with invasion of brain — Duration 20 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manning M. Lacy, M.D. M. D.
Address Baltimore City Hosp. Date signed 5-25-48

X

663565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. 663565

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 WYANOKE AVE
(c) Hospital or institution: 9-01

PLACE of DEATH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 YR
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 WYANOKE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARION DORSEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: CHARLES P. DORSEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 27, 1881

8. AGE: Years 67 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace HOWARD CO. MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name DANIEL T. TOOMEY
13. Birthplace LANCASTER, PA.

MOTHER
14. Maiden Name REBECCA McFAUL
15. Birthplace MD

16 (c) Informant MRS. GEERALDINE DAWSON
(b) Address 2910 SOUTHERN AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location BALTO. MD

18 (a) Funeral director CHAS. T. TICKNER & SONS
(b) Address BALTO. MD.

19 MAY 26 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1948, to 5/23 1948, and that I last saw h alive on 5/22 1948.

Immediate cause of death	Duration
Acute Pulmonary Chron. Interstitial Nephritis	1940
Due to	1940
Due to	
Other Conditions Cerebral Hemorrhage	1948

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. H. Bushy M. D.
Address 503 Shenda C Date signed 5/26/48

VS 150

Print the causes of death clearly and legibly.

1563566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1563566

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Denison St
(c) Hospital or institution: 15-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Denison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie M. Boring

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Leandor Grant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1870

8. AGE: Years 78 | Months | Days 10 | If less than one day hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Elias Phillips
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Sarah Schaefer
15. Birthplace Balto Co. Md.

16 (a) Informant Miss Mary F. Boring
(b) Address 2801 Denison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory Emory Cem
Location Balto Co. Md

18 (a) Funeral director Wm. J. Tichner & Son
(b) Address Balto. Md.

19 (a) MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1948, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to May 23 1948, and that I last saw h[illegible] alive on May 23 1948.

Immediate cause of death: Hypertension Cardiovascular disease — Duration

Due to: Renal disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Direly

Address 2 Medical Arts Bldg Date signed 5/26/48

663567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 663567

Please answer questions 1 to 23 as accurately as possible. The information asked for is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1150 Ward Street
(c) Hospital or institution: 21-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1150 Ward Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minerva Rebecca Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Clarence Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1873

8. AGE: Years 75 | Months — | Days 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Covington
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Browning
15. Birthplace Maryland

16 (a) Informant Joshua Selby
(b) Address 1150 Ward Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1948 (month) (day) (year)
(c) Cemetery or crematory Sykesville Md
Location Springfield Cem

18 (a) Funeral director J. B. Keller
(b) Address Sykesville Maryland

19 MAY 26 1948 (Date rec'd by Registrar) (By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 7.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 25 1948, and that I last saw h[illegible] alive on May 25 1948.

Immediate cause of death	Duration
Etiology unknown	3 Ds
Due to: Carcinoma of Breast	Indef
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. L. Campbell M.D.
Address 164 Fremont Date signed 5/27/48

VS 150

G63568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No. G63568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 POPLAR GROVE ST.
(c) Hospital or institution: 1607

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 POPLAR GROVE ST (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME NORA E. PURCELL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: EDWARD P. PURCELL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 26 - 1870

8. AGE: Years 77 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Hazleton - PENNA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name MICHAEL SOMMERS
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant EDWARD P. PURCELL
(b) Address 1409 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director THOS. J. KENNY - Inc.
(b) Address 1600 Hollins ST.

19 (a) MAY 26 1948 (Date received by registrar) (b) Signature for William H. Hamilton, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1948 at 8.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to May 24 1948. and that I last saw h[er] alive on May 24 1948

Immediate cause of death Arteriosclerosis — Duration 3 yrs

Due to Chronic nephritis — Duration 3 yrs

Due to — Duration —

Other Conditions Gangrene of right foot — Duration 2 wks.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature M. J. McDermott M. D.
Address 1136 Poplar Grove St Date signed 5/25/48

1130 Poplar Grove St

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any information should be carefully supplied.

63569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 83a

Registered No. G63569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balt. More
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Amelia Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/20/1889

8. AGE: Years 59 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rev. Edward W. S. Peck
13. Birthplace Balto Md

MOTHER
14. Maiden Name Amelia A. Dorsey
15. Birthplace Rockville, Md

16 (a) Informant Mr. Harrison M. Tucker
(b) Address 1103 N. Carrollton Ave

17 (a) Burial (b) Date thereof 5/26/1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Wm. Geo. H. Woodland
(b) Address 1735 Druid Hill Ave.

19 (a) MAY 26 1948 (Date Rec'd by Registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/48 1948, at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1948, to 5/22 1948, and that I last saw h[illegible] alive on 5/22 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Garner
Address 1517 Division St Date signed 5/24/48

X

663570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. 663570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 MIN
(e) Length of stay in Baltimore (yrs., mos., or days) 14-0 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Argyle Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Welsh (WELCH)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Archie Welch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1892

8. AGE: Years 55 | Months 5 | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Joseph Nizer
(b) Address 1618 Argyle Ave

17 (a) B (Burial, cremation, or removal) (b) Date thereof 5-27-48 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Belle Co

18 (a) Funeral director Samuel K. Sullivan
(b) Address 1011 N. Arlington Ave

19 MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION 42

20. DATE OF DEATH 5-24 1948, 12 A. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Congestive heart failure

Due to myocardial degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D.
Medical Examiner
Date signed 5/26/48

X

63571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 63571

Type or print all entries and the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 E CLEMENT ST.
(c) Hospital or institution: 24 hr
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 E CLEMENT ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARTHA HENDRICKS

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW.

6 (b) Name of husband or wife ARTHUR HENDRICKS 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) FEB-22-1872

8. AGE: Years	Months	Days	If less than one day
76	3	3	hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Germany.

MOTHER 14. Maiden Name Not Known

15 Birthplace Germany.

16 (a) Informant Mr. FRANK HENDRICKS

(b) Address 705 S Bond St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-28-48 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location C. A. Co.

18 (a) Funeral director Bernard C Hahn

(b) Address 1 E Lexington St Baltimore, Md

MAY 26 1948 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 25 1948, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to May 25 1948, and that I last saw h[er] alive on May 24, 1948.

Immediate cause of death	Duration
Myocardial insufficiency	2 days
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney J Levy M.D.

Address 2342 Eutaw Place Date signed 5/25/48

VS 150

663572 BC-48-10655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161c

Registered No. 663572

Please write plainly with ink or indelible pencil. Do not use abbreviations or ditto marks. If unknown, state so. Be sure to answer every question clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. Ld
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town [redacted] Sparks
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted]
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kathleen Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/21/48

8. AGE: Years | Months | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER 12. Name E. Scott Brooks
13. Birthplace Sparks, Md

MOTHER 14. Maiden Name Jane Noonan
15. Birthplace Wash. D.C.

16 (a) Informant Mrs E Brooks
(b) Address Sparks, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Sparks, Md

18 (a) Funeral director Lambdin & Brooks
(b) Address Sparks, Md

19 MAY 26 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/48 19 , at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21/48 19 to 5/25/48 19 , and that I last saw h[illegible] alive on 5/25/48 19

Immediate cause of death	Duration
Erythroblastosis Fetalis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac E Trumbach M. D.
Address University Hosp. Date signed 5/25/48

VS 150

X

663573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1208

Registered No. 663573

Please write the causes of death clearly and legibly. Physicians: please write carefully supplied. Be sure to answer all questions. Information should be carefully supplied. Be sure to answer all questions. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 N Central ave
(c) Hospital or institution: 10-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 N Central ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Junius Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife Annie Powell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/3/08

8. AGE: Years	Months	Days	If less than one day
39	11		hr. min.

9. Birthplace Greenville N C
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name none
13. Birthplace none

MOTHER
14. Maiden Name none
15. Birthplace none

16 (a) Informant Annie Powell
(b) Address 1111 Central ave

17 (a) Burial (b) Date thereof 5/26/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna ave

19 MAY 26 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948, to May 23 1948, and that I last saw h alive on 19

Immediate cause of death	Duration
(a) Hemorrhage - Hemorrhage	1 Day
Due to (b) Ulcerative Colitis	6 Days
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. A. Berry M. D.
Address 1420 E. Chase Date signed 5-24-48

X

663574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. 663574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Wilmer Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Steve Palmer
13. Birthplace La

MOTHER 14. Maiden Name Ola Ryan
15. Birthplace Robery Ms

16 (a) Informant Ola Ryan
(b) Address 913 Wilmer Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Wm G Jackson
(b) Address 916 Penna Ave

MAY 26 1948 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21- 1948, at 5 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Res death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Subdural Hemorrhage, Traumatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-21-48 at 4:00 A M
(b) Where did injury occur? 913 Wilmer Ct.
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Blunt force - Kitchen broom

23. Signature M.D. Medical Examiner
Date signed 5/26/48

VS 151

663575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

663575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2612 Shirley Ave
(c) Hospital or institution: 15-13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Shirley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate Greenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Lelligue
15. Birthplace Russia

16 (a) Informant Dr Wm B Greenberg
(b) Address 2612 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Pikesville Md

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

MAY 26 1948 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams, M.D.

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26- 1948, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12- 1947 to 5-26- 1948 and that I last saw h[illegible] alive on 5-25- 1948

Immediate cause of death	Duration
Metastases to Lungs & Bones	5 mon.
Due to Hypernephroma	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1944

Major findings of operation: Removal of Kidney & Hypernephroma.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 116 E. Clay St Date signed 5-26-48 M. D.

63576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2335 N. CALVERT ST.
(c) Hospital or institution: [illegible] IV 04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 N. CALVERT ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MATTIE MAE PHILLIPS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife H. IRVING PHILLIPS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 25-1891

8. AGE: Years 56 | Months 9 | Days — | If less than one day hr. min.

9. Birthplace TODDSVILLE, MD.
(Town, county, and state)

10. Usual Occupation SENIOR CLERK

11. Industry or business SOCIAL SECURITY Office

FATHER
12. Name FRANK ROBINSON
13. Birthplace MD.

MOTHER
14. Maiden Name KATHLEEN PARKS
15. Birthplace MD.

16 (a) Informant H. IRVING PHILLIPS
(b) Address 2335 N. CALVERT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/26/48 (month) (day) (year)
(c) Cemetery or crematory CAMBRIDGE
Location CAMBRIDGE, MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO, MD.

MAY 26 1948 (Date rec'd by Registrar) (b) Huntingtow Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1947 to May 23 1948 and that I last saw her alive on May 23 1948

Immediate cause of death Carcinoma — Duration

Due to Gastrointestinal infection — Duration

Due to Liver — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Pearce M. D.

Address 205 Cherle Date signed May 26/48

663577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

663577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. CALHOUN St
(c) Hospital or institution: Franklin Square Hospital 18-07

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. CAREY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAREAN N. Wheeler

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife EMMA WHEELER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1860

8. AGE: Years	Months	Days	If less than one day
87	6	27	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation FARMER - (RETIRED)
11. Industry or business —

FATHER
12. Name NATHANIAL WHEELER
13. Birthplace MD

MOTHER
14. Maiden Name RENICE MURRAY
15. Birthplace MD.

16 (a) Informant MRS. IDELLE TAYLOR - DAUGHTER
(b) Address 607 WODDINGTON RD.

17 (a) BURIAL (b) Date thereof 5/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory TRINITY CHAPEL CEM.
Location HOWARD CO. MD.

18 (a) Funeral director WM. F. TICKNER & SONS
(b) Address BALTO. MD.

MAY 26 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25-1948, at 5 20 A.M.

21. I certify that I took charge of the remains described above, held an INSP. & INQUIRY thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fract. Skull
with intracranial hemorrhage

Due to

Other Conditions arteriosclerotic cardio-vascular disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 25/8
(a) Date of injury 5/25/48 at 2 A. M.
(b) Where did injury occur 1908 Griffin Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? NO
(d) Means of injury Slipped and fell down stairs

23. Signature Emil L. Engle M.D.
Medical Examiner
Date signed 5/25/48

VS 191

Med-Exam. Case ✓ G63578
G63578 Released to Hosp.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 56B
Registered No. G63578

Please answer questions on death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 14 ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Daniel

3 (b) If veteran, name war
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced. ✓
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-?-05
8. AGE: Years 42 Months 5 Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Arthur
13. Birthplace Md

MOTHER
14. Maiden Name Frances Sims
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Brooklyn Md
18 (a) Funeral director Elroy D. Wilson
(b) Address 1010 Brantley Ave

19 (a) MAY 26 1948 (Date rec'd by Registrar) (b) Curtis Williams, M.D.

VS 150 To be appsd. by Medical Examiner

MEDICAL CERTIFICATION 15

20. DATE OF DEATH May 21 1948 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1948 to 5-21- 1948 and that I last saw h[illegible] alive on 5-21-1948.

Immediate cause of death	Duration
Circulatory Failure	
Due to moderate Hypertension	
Due to	
Other Conditions Bilateral hydronephrosis & hydroureter; myoma uterus (Include pregnancy within 3 months of death)	

Date of operation 5-21-48
Major findings of operation:
of autopsy: No immediate cause for death found

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Jane Hopkins M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/21/48

G63579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G63579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Greene Sts
(c) Hospital or institution: University Hospital 15-07
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Elgin Ave-16- (If rural give location)
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country —

3 (a) FULL NAME ELIZABETH SHANTZ (Elizabeth Pamela Shantz)

3 (b) If veteran, name war none

3 (c) Social Security Account No. — ? —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan-10-1899

8. AGE: Years 49 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation teacher

11. Industry or business Balto. Public Schools

FATHER
12. Name Silas Shantz
13. Birthplace Penna.

MOTHER
14. Maiden Name Minnie
15. Birthplace Penna

16 (a) Informant Marion Spielman (friend)
(b) Address 3307 Elgin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 48 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Lebanon Penna

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W Franklin St

19 (a) MAY 26 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 5.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1948, to May 25 1948, and that I last saw h.e alive on May 25 1948.

Immediate cause of death ... metastasis — Duration

Due to intestinal obstruction from peritoneal metastasis

Due to Ovarian carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 11, 1948

Major findings of operation: Ovarian cancer, peritoneal metastasis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Durall Jr. M.D.
Address University Hosp. Date signed May 25

G63580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G63580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital 7-01
(d) Length of stay in hospital or inst. (yrs., mos., or days): 28 days
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 713 N. Luzerne Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: CHARLES LOUIS WHELTLE

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No.: --

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene Esler

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Feb. 1, 1896

8. AGE: Years: 52 | Months: 3 | Days: 23 | If less than one day: ....hr. ....min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: Retired Policeman

FATHER
12. Name: Louis Whelttle
13. Birthplace: Balto, Md.

MOTHER
14. Maiden Name: Bessie Huran
15. Birthplace: Balto, Md.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 27 48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4300 Belair Rd.

18 (a) Funeral director: Wendell J. Dippel
(b) Address: 312 S. Highland Ave

19 (a) MAY 26 1948 (Date rec'd by registrar) (b) Thomas Stone Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1948, at 7:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1948 to May 24 1948 and that I last saw h. in alive on May 24 1948.

	Duration
Immediate cause of death: Hypertensive cardiovascular disease	5 yrs.
Due to: Other conditions: Congestive heart failure	4 wks.
Due to:	
Other Conditions: Uremia	about 2 wks.

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M.D.
Address: Clinical Director Date signed 5/24/48

X

63581

BC-48-10874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G63581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 9-09
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da. 20hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Ensor Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William Lee Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male-

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) May 26, 1948

8. AGE: Years | Months | Days 2 | If less than one day 20 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harold O. Wright
13. Birthplace Washington, Pennsylvania

MOTHER
14. Maiden Name Margaret Mary Molloy
15 Birthplace Baltimore, Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wedefeld
(b) Address 900 E. Biddle St

19 (a) (Date received by registrar) MAY 26 1948 Washington Hillsinger

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1948, at 1:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23/ 1948 to 5/26/ 1948 and that I last saw him alive on 5/26/ 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Prematurity	
Due to Maternal diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Krejci M. D.
Address 1401 N. Caroline St. Date signed 5-26-48

VS 150

X

G63582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. G63582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 W. Lexington St.
(c) Hospital or institution 4-0r

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE CAPATIS

3 (b) If veteran, name war None. | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1889

8. AGE: Years 59 | Months 3 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name
13. Birthplace Lithuania

MOTHER
14. Maiden Name
15. Birthplace Lithuania

16 (a) Informant Mr YANUSKAS.
(b) Address 731 W LEXINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-26-8 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Charles W Zachariades
(b) Address 703 McHenry St.

19 MAY 26 1948 Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 23 1948 and that I last saw h alive on May 23 1948

Immediate cause of death Hepatic Cirrhosis
+ Metastasis

Duration

Due to

Due to Primary Cause

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos Kolesnany M. D.
Address 1067 W Baltimore Date signed 5/27/48

VS 150

X

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The

G663583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓

Registered No. G663583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp 28-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5112 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Albert J. Scrivnor (SCRIVNOR)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-2118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Lena Scrivnor (Rausch)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1893

8. AGE: Years	Months	Days	If less than one day
54	9	26	hr. min.

9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Plumbing

FATHER
12. Name Albert R. Scrivnor
13. Birthplace Md

MOTHER
14. Maiden Name Sally Jones
15. Birthplace Md.

16 (a) Informant Mrs Lena Scrivnor
(b) Address 5112 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Rd

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 Edmondson Ave

19 (a) MAY 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1948, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-26 1948, and that I last saw h.e alive on 5-26 1948.

Immediate cause of death	Duration
Congestion from Fracture	
Due to Polyarteritis nodosa (C.J.L.)	
Due to Pulmonary Edema	
Due to	
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury GEORGE W. PERKINS

23. Signature George W. Perkins M.D.
Address Bon Secours Hosp Date signed 5-26

X

G63584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

Registered No. G63584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2243 Penrose Ave.
(c) Hospital or institution: 20-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2243 Penrose Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Haupt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary R.
nee Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 18 1862

8. AGE: Years 85 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name CHARLES HAUPT
13. Birthplace MD.

MOTHER
14. Maiden Name ELIZABETH MILES
15. Birthplace MD

16 (a) Informant Mrs. Frank Wall, Jr.
(b) Address 2243 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/48. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Little.
(b) Address 4101 Edmondson Ave. Huntington Apartments, M

19 (a) MAY 26 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25/48. 19 , at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 23 1947 to MAY 25 1948, and that I last saw h.i.m. alive on MAY 24 1948.

	Duration
Immediate cause of death: CHRONIC MYOCARDITIS	UNKNOWN
Due to: ARTERIOSCLEROSIS	UNKNOWN
Due to: Senility	UNKNOWN
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Melvin M. Borden M. D.
Address 2030 W. Fayette St Date signed 5/25/48

VS 150

X

Please write clearly and legibly.

63585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 63585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie Post Office
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Spencer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James W Spencer
13. Birthplace Md

MOTHER
14. Maiden Name Gertrude Brown
15. Birthplace Md

16 (a) Informant Lenora Smith
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 48 (month) (day) (year)
(c) Cemetery or crematory Marley Neck
Location A. A. Co. Md

18 (a) Funeral director Isaac L. Brown Son
(b) Address 108 W. Monty omery St

19 (a) MAY 28 1948 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 9:50 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L. Rogers M.D.
Medical Examiner
Date signed May 25, 1948

G63586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S Gilmor St
(c) Hospital or institution: — 19-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Gilmor St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Addie G. Norwood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard T. Norwood
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 19-1865

8. AGE: Years	Months	Days	If less than one day
83	2	5	hr. min.

9. Birthplace Carroll Co. Md
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown Bowers
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

15 (a) Informant Mrs. Bertie Reed.
(b) Address 106 S. Gilmor St

17 (a) Burial (b) Date thereof 5-27-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Londow Park
Location Balto. Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) MAY 26 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 1.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to May 24 1948, and that I last saw her alive on May 24 1948.

Immediate cause of death Hypertensive C.V.D. — Duration —
Due to Arteriosclerosis
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J. E. Bound M.D.
Address 3325 Frederick Ave Date signed 5-25-48

X

663587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663587

170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County.....
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 N. Geneva Terrace (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Charles Jenkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 65? | Months | Days | If less than one day ....hr. ....min.

9. Birthplace.....
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name.....
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory.....
Location University Medical School MAY 25 1948

18 (a) Funeral director.....
(b) Address..... Commissioner of Health

19 MAY 26 1948 (Signature of Registrar) Registrar

VS 151

MEDICAL CERTIFICATION 20

20. DATE OF DEATH May 16, 1948, at 7 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed skull

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-16-48 (Month) (Day) (Year) 2 P.M.
(b) Where did injury occur? Pulaski Highway (Route #40, 400' west of Oak Grove Drive) Balto. Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature [signature] M.D.
Medical Examiner.
Date signed 5/19/48

663588

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 157E

Registered No. 663588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1680 Ocean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Norman Levine

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-41

8. AGE: Years	Months	Days	If less than one day
6	6	11	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Philip Levine
13. Birthplace N.Y.

MOTHER
14. Maiden Name Pearl Willman
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (month) (day) (year)
(c) Cemetery or crematory Location Newyork N.Y.

18 (a) Funeral director Jack Lewis Inc
(b) Address 3106 Eutaw Place

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948 at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24-1948 to 5-26-1948 and that I last saw h alive on 5-26-1948.

Immediate cause of death	Duration
Sudden cardiac arrest	
Due to Congenital malformation of Heart	6 yrs
Due to Cyanosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Allen Engle M.D.
Address JOHNS HOPKINS HOSPITAL Date signed May 26 1948

VS 150

063589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1202

Registered No. 063589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... 14
(c) Hospital or institution: West Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ...
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 John St
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME DOROTHY M SHEPHERD

3 (b) If veteran, name war ...
3 (c) Social Security Account No. ...

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 7, 1925

8. AGE: Years 22 | Months 10 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Richmond Mo
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ...

FATHER
12. Name William J Stevenson
13. Birthplace Richmond Mo

MOTHER
14. Maiden Name Lotta May Globin
15. Birthplace Richmond Mo

16 (a) Informant James Shepherd
(b) Address 1423 John St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1948
(month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Wilson & Pope
(b) Address 1217 Pennsylvania Ave

19 MAY 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1948, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 3, 1948 to MAY 25 1948 and that I last saw h ... alive on ... 19 ...

Immediate cause of death UNKNOWN. DIED DURING CONVULSIVE EPISODE — Duration ...
Due to CHRONIC NON SPECIFIC — Duration ...
Due to ULCERATIVE COLITIS — Duration ...
Other Conditions ... — Duration ...
(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
of autopsy: Ulcerative Colitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Albert Butzenberg M.D.
Address W. Baltimore General Hosp. Date signed 5/26/48

G63590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey St.
(c) Hospital or institution: Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 675 Worthington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy M. Mulligan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1872

8. AGE: Years 76 | Months 4 | Days | If less than one day min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Christian Brendan
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wm Mulligan
(b) Address 675 Worthington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Cook
(b) Address 1214 E Cold St

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1948 to May 25 1948, and that I last saw h alive on 19

Immediate cause of death	Duration
Senility	
Due to	
Due to Rupt Hemiporesis	4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley Duffy M.D.

Address 27 North Carey St. Date signed 3/25/48

663591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Crystal Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1701 Crystal Ave
(If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1. 1870

8. AGE: Years 77 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Jenkins
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rose (Unknown)
15. Birthplace Baltimore Md

16 (a) Informant Mary E. Engle
(b) Address 328 W Lorraine Ave

17 (a) Burial (b) Date thereof 5/29/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lakewood
Location Catonsville Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 2124 Eutaw

19 (a) MAY 27 1948 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 May 1948, at 4:05 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death, on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D.
Medical Examiner.
Date signed 26 May 1948

VS 151

G63592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63592 Registered No. 5513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3138 Chesterfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3138 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Peter J Gibbs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9. 1872

8. AGE: Years 75 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Emmitsburg Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Walter Anderson

(b) Address 3001 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)

(c) Cemetery or crematory Bethany

Location Baltimore Md

18 (a) Funeral director Milton Gordon

(b) Address 1219 N Paul St

19 (a) MAY 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to May 25 1948 and that I last saw h[illegible] alive on May 4 1948.

Immediate cause of death	Duration
Pneumonia	
Due to Carcinoma of Left Temporal region of Face	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive Date signed 5/26/48

VS 150

G63593 5390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G63593 Registered No.

BC-48-04994 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N. Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Tilley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-3-48

8. AGE: Years | Months 2 | ~~Days~~ 9 wks 14 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER | FATHER

12. Name

13. Birthplace

14. Maiden Name Thelma Tilley

15. Birthplace Md

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 MAY 27 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1948 to May 17 1948 and that I last saw him alive on May 17 1948

Immediate cause of death Pneumaturia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Engler Jr. M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-23-48

VS 150

C63594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

C63594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 EUTAW PL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) **FULL NAME** LAVINIA C. BARWICK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 30, 1860

8. AGE: Years	Months	Days	If less than one day
87	8	24	hr. min.

9. Birthplace DELAWARE (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JOHN BARWICK
13. Birthplace DEL.

MOTHER
14. Maiden Name SUSAN SPENCE
15. Birthplace DEL.

16 (a) Informant MISS EDITH PRICE
(b) Address 1326 W. NORTH AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 27-48 (month) (day) (year)
(c) Cemetery or crematory HILLSBORO, MD
Location

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO., MD

19 MAY 27 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1948, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 Dec. 1947 to 19
and that I last saw her alive on 24 May 1948.

Immediate cause of death ARTERIOSCLEROSIS
Coronary - Vascular Disease
Senility -

Due to

Due to

Other Conditions Under nutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Kennedy Wallace M. D.
Address 5 W Cathedral St Date signed 26 May

VS 150

Physicians: please write the causes of death clearly and legibly. Accuracy important. All information should be carefully supplied.

G63595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63595

Please write the causes of death clearly and legibly. Physicians: please write carefully and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address THE WARRINGTON Apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 N. CHARLES ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES G. GUTH

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: CAROLINE G. GUTH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUN 3, 1876

8. AGE: Years 71 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace BALTO. (Town, county, and state)

10. Usual Occupation PRESIDENT

11. Industry or business GUTH COLA CO.

FATHER 12. Name EMIL GUTH.
13. Birthplace GERMANY

MOTHER 14. Maiden Name MARIA SCHORR
15. Birthplace GERMANY

16 (a) Informant MRS. CAROLINE G. GUTH
(b) Address 3908 N. CHARLES ST.

17 (a) BURIAL (b) Date thereof 5-27-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~Crematory~~ DRUID RIDGE
Location PIKESVILLE, MD.

18 (a) Funeral director WM. J. TICHNER SONS
(b) Address BALTO., MD.

19 MAY 27 1948 (c) [illegible] Registrar
Date rec'd by reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1948, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1947 to 5-24 1948 and that I last saw h[illegible] alive on 5-24 1948

Immediate cause of death	Duration
Multiple Cerebral Hemorrhages	
Due to Nephritis	
Arterio Sclerosis	
Due to Hepatic cirrhosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
M. D.
Address Med Arts Date signed 5-24-48

VS 150

Dr. Levy
1603 Broadway

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 663596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 Cliftmont Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 Cliftmont Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen (Nellie) M. Savorski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Frank J. Savorski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1882

8. AGE: Years 66 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name William Noonan
13. Birthplace Ireland

MOTHER
14. Maiden Name Norah Quirk
15. Birthplace England

16 (a) Informant Miss Nora Savorski
(b) Address 607 N. Rose Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) [illegible] (b) [illegible]
Date received MAY 27 1948 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1948 to May 24 1948 and that I last saw alive on May 24 1948.

Immediate cause of death	Duration
Pulmonary Edema	12 hrs.
Due to Metastatic Carcinoma of Breast.	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Lewy, M.D.
Address 1601 E. Broadway Date signed 5/26/48

VS 150

G63597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. 63597

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna Frantz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry C. Frantz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 19-1892
8. AGE: Years 55 | Months 11 | Days 6 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Adams Merchant
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Oliver
15. Birthplace Maryland

16 (a) Informant Harry C. Frantz
(b) Address 3708 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1948 (month) (day) (year)
(c) Cemetery or crematory Kriders
Location Westminster Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Territory of Millington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1948 to 5/25 1948 and that I last saw h.e. Y alive on 5/25 1948.

Immediate cause of death Heart failure — Duration 2 wks

Due to Cardio vascular renal disease

Due to

Other Conditions Carcinoma, bladder
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm N. McFaul Jr. M.D.
Address 1800 N. Charles St. Date signed 5/26/48

VS 150

1B1a

663598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 937

Registered No. 663598

Please write clearly and legibly. Use unfading ink. Do not use pencil. Do not fold. Avoid abbreviations. Make no erasures. Be sure to fill in every item. Cause of death must be stated by a physician.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2075 Rockrose Avenue
(c) Hospital or institution: Ardleigh Nursing Home 13-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Morling Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Elsworth Hunter

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-24-2761

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Elizabeth Hall Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 27-1878

8. AGE: Years 69 | Months 18+ | Days 28+ | If less than one day hr. min.

9. Birthplace Westminster Maryland (Town, county, and state)
10. Usual Occupation Ice Cream Mfg.
11. Industry or business Retired

FATHER
12. Name Joseph Hunter
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Coppersmith
15. Birthplace Maryland

16 (a) Informant Lewis P. Hunter
(b) Address 1412 Morling Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Huntington Avenue, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to May 25 1948 and that I last saw him alive on May 24 1948.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to arteriosclerotic C.V. Dis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Harriman
Address 4017 Falls Rd. Date signed M. 5 D. 26 48

VS 150

G63599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77C

Registered No. G63599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Bruce Buchanan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1881

8. AGE: Years 67 | Months — | Days 10 | If less than one day hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Jockey (Retired)

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dillon Smith
(b) Address 1120 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Edward Corbin Sons
(b) Address 524 E. Baga St.

19 (a) MAY 27 1948 (Date received by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948, at 7:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy + Inq. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Alcoholism

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L. Snyder M.D.
Medical Examiner
Date signed 5-25-48

VS 151

663803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

663600

Registered No. 76170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 15-2
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Annie Blackwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years: 28 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Matthews H. Carter

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden Name Minnie Thompson

15. Birthplace Montgomery Co Md

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 48 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Md

18 (a) Funeral director Lucas T. A. Gibson Sr
(b) Address 1735 Druid Hill Ave

19 (a) MAY 27 1948 (b) [illegible] Huntington Williams M.D.
(Registered by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1948 at 2.05 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1948 to 5-25 1948 and that I last saw her alive on 5-25 1948.

Immediate cause of death	Duration
Hypatic Coma	1 day
Due to Metastatic carcinoma of liver	
Due to and Tumor of left breast	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature J. H. Sisson M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 25 May 48

X

G63601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 1a

Registered No. G63601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 N. Calhoun St.
(c) Hospital or institution: Franklin Square 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4601 Belair Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul C Burgdorf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hermance A. Burgdorf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1884

8. AGE: Years 64 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Albert Burgdorf
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Blumner
15. Birthplace Germany

16 (a) Informant Mrs. Paul C. Burgdorf
(b) Address 4601 Belair Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Baltimore, Md.

18 (a) Funeral director Lasvahn Funeral Home
(b) Address 7401 Belair Rd.

19 (Date rec'd by registrar) MAY 27 1948 (Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948, to May 26 1948, and that I last saw living alive on May 26 1948.

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Insufficiency

Due to Arteriosclerotic cardio-vascular disease

Other Conditions Syphilo-sclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Bobby L. Jones M. D.
Address Franklin Square Hosp. Date signed 5/29/48

937

663602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663602 Registered No. 166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Compass Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelius A. McDowell JR.

3 (b) If veteran, name war: WW # II
3 (c) Social Security Account No. 234-26-7717

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: JINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 28, 1922

8. AGE: Years 25 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace: CLARKSBURG, W. Va. (Town, county, and state)
10. Usual Occupation: AIRCRAFT MECHANIC
11. Industry or business

FATHER
12. Name: CORNELIUS A. McDOWELL SR.
13. Birthplace: W. Va.

MOTHER
14. Maiden Name: IVY G. MEADOWS
15. Birthplace: W. Va.

16 (a) Informant: MRS IVY G. McDOWELL
(b) Address: CLARKSBURG, W. Va.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~: CLARKSBURG, W. Va.
Location

18 (a) Funeral director: WM A. TICHNER & SONS
(b) Address: BALTO., MD.

19 (a) MAY 27 1948 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1948, at 2:15 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bullet-wound of lung and heart.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-26-48 at 12:45 a. M.
(b) Where did injury occur? Rear 5434 Fairmount Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? yes
(d) Means of injury: Bullet from a firearm

23. Signature: George G. Merrill M.D. Medical Examiner.
Date signed: 5/26/48

VS 151

G63603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63603

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 W. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Elizabeth Banks (Murray)

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Fe

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Howard Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/1910

8. AGE: Years 37 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Eastern Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clarence Murray
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia
15. Birthplace Md.

16 (a) Informant Howard A. Banks
(b) Address 1122 W. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 27 1940 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1940 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940 to 5/25 1940 and that I last saw h.. alive on 5-25 1940

Immediate cause of death: Cerebral Thrombosis — Duration 23 days

Due to:

Due to:

Other Conditions: Pulmonary Edema.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Garner M. D.
Address 1514 Division St Date signed 5/27/40

VS 150

G63604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193E

G63604

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 1337 Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Fremont Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Holt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mrs Mame Holt

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr) March 8-1896

8. AGE: Years 52 | Months 2 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace St. Marys Co. Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Judson Holt
13. Birthplace St. Marys Co Md

MOTHER
14. Maiden Name Unknown
15. Birthplace St Marys Co. Md

16 (a) Informant Regina McKinney
(b) Address 1337 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1948 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 MAY 27 1948 (Date rec'd by registrar) (b) Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26-1948, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18-1948 to 5-26-1948 and that I last saw him alive on 5-25-1948.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A Saunders

Address 1029 N Stricker St Date signed 5-26-48 (M D)

VS 150

G63605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131a

Registered No. G63605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1641 N. Monroe
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M. d (b) County
2 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Monroe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Johnnie Washington Howard.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: George
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 1908.
8. AGE: Years 39 | Months 6 | Days | If less than one day hr. min.
9. Birthplace Simpleton S. C. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business ✓

MOTHER / FATHER
12. Name John Washington
13. Birthplace Charleston S.C.
14. Maiden Name Eliza Richardson
15. Birthplace Sumter S.C.

16 (a) Informant George Howard
(b) Address 1641 N Monroe St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.
19 (a) MAY 27 1948 Huntington Williams M.D.
(Must be filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 8 A M
21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1948 to May 23 1948; and that I last saw h alive on May 22 1948.

Immediate cause of death: Cardio-vascular Renal — Duration
Due to Hypertension
Due to Pulmonary Edema
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Edward Fisher M. D.
1642 E Monument Date signed May 24 1948

VS 160

663606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2, USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 W. Lexington St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	married

6 (b) Name of husband or wife Hattie Thornton.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17, 82

8. AGE: Years	Months	Days	If less than one day
66	3	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Thornton.
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Lizzie Eastep
15. Birthplace Catonsville, Md.

16 (a) Informant Hattie Thornton.
(b) Address 1536 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)
(c) Cemetery or crematory St. Peters.
Location

18 (a) Funeral director Mrs Katie Robertson
(b) Address 322 N. Schroeder St

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1948, to May 23 1948, and that I last saw him alive on May 22 1948

Immediate cause of death Cardio Vascular Disease — Duration 2 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emil Bram Frey M.D.

Address 1928 Penna Ave. Date signed May 27/48

VS 150

63607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 63607

Please answer clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Jack Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Belle Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/10/1905

8. AGE: Years 43 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Rockford N.C (Town, county, and state)

10. Usual Occupation Labour

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Belle Williams

(b) Address 508 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie A Williams

(b) Address 322 N. Schroeder St.

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 23 1948 and that I last saw him alive on May 22 1948

Immediate cause of death acute lobar pneumonia — Duration Hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Stewart M. D.

Address 63 E. 10th Ave. Date signed May 26, 48

G63608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N. Carlton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Carlton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Felder.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1922

8. AGE: Years 26 | Months - | Days | If less than one day hr. min.

9. Birthplace Manning, S.C. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name John Fielder
13. Birthplace S.C.

MOTHER
14. Maiden Name Marie
15. Birthplace S.C.

16 (a) Informant Mary Williams
(b) Address 629 W. Conway St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof May 27 1948 (month) (day) (year)

(c) Cemetery or crematory
Location Sumter, S.C.

18 (a) Funeral director Mrs. Katie L. Wilbanks
(b) Address 322 N. Schroeder St. Thurston Funeral Home, Inc.

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/48 19 , at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19/48 19 , to 5/26/48 19 , and that I last saw h[illegible] alive on 5/19/48 19 .

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wm. F. Thomas
Address 401 Edmondson Ave. Date signed 5/27/48

VS 150

663609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

Registered No. 663609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST
(c) Hospital or institution: Provident Hosp. 18 N 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 W Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Florence Blue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mr. Eugene Blue

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1907

8. AGE: Years 41 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Obie Hayes
13. Birthplace Va.

MOTHER
14. Maiden Name Hilda Mary Johnson
15. Birthplace Va.

16 (a) Informant Hilda Hayes
(b) Address 1109 Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Fayette Ave

19 (a) MAY 27 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1948, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1948 to 5/24 1948, and that I last saw HER alive on 5/24 1948

Immediate cause of death Diphtheritic Cardiac Vascular Renal Disease — Duration ?

Due to

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Garner

Address 1514 Division St Date signed 5/27/48

X

G63610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G63610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8325 Old Harford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Catherine Livolsi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fe.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or ~~wife~~ late Angelo Livolsi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4th/70 October 4th?

8. AGE: Years 77 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Hwfe.

11. Industry or business

FATHER
12. Name Loreto Di Pasquale
13. Birthplace Italy

MOTHER
14. Maiden Name Santa Vendi
15. Birthplace Italy

16 (a) Informant Calogero Statelli (Daughter)
(b) Address 8325 Old Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/48 (month) (day) (year)
(c) Cemetery ~~xxxxxx~~ Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 May 27 1948 by Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1948, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/ 1948, to 5/26/ 1948, and that I last saw her alive on 5/26/ 1948.

Immediate cause of death	Duration
CARDIAC DECOMPENSATION	
Due to ARTERIOSCLEROTIC C.V. DISEASE	
Due to GENERAL ARTERIOSCLEROSIS	
Other Conditions DIABETES MELLITUS (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Houraba, M.D.
Address 21 St. Jos. Hosp. Date signed 5/26/48.

93D

M. D. S. 1944-9

663611 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 663611

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Dryant Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin W. Blake

(a) Residence: No. 3306 Dryant Ave St., 27-16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JULIUS C. BLAKE

6. DATE OF BIRTH (month, day, year) Dec 18, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

FATHER

13. NAME [illegible] Wilson

14. BIRTHPLACE (city or town) (State or country) (?)

MOTHER

15. MAIDEN NAME Cordelia Blake

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

17. INFORMANT Mrs. Thelma Walker
(Address) 3306 Dryant ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Village, VA. Date May 30, 1948

19. UNDERTAKER Walter Buckey Bradley
(Address) 1922 W[illegible] Ave Hampton, Va

MAY 27 1948

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27 1948

22. I HEREBY CERTIFY, That I attended deceased from 7-6-16 1946 to 5-27 1948

I last saw h[illegible] alive on 5-26 1948. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Dyspnea d/t	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M. D.

(Address) 314 - 37 - Norfolk, Va.

G63612

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G63612 Registered No.

CERTIFICATE OF DEATH 133B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Newberry S.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anne Whitmire

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Ralph H. Whitmire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Pierce Banks.
13. Birthplace Newberry S.C.

MOTHER
14. Maiden Name Unknown
15 Birthplace "

16 (a) Informant Mrs Ralph Whitmire
(b) Address Columbia SC

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 5/27/48 (month) (day) (year)
(c) Cemetery or crematory Columbia S.C.
Location " "

18 (a) Funeral director Geo. L. Bayer Jr
(b) Address 1512 Hollins St

19 (a) [illegible] by registrar) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 May 1948, at 10 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 27 April 1948 to 26 May 1948, and that I last saw her alive on 26 May 1948.

Immediate cause of death	Duration
Uremia emphalopathy	
Due to Uremia	
Due to polycystic Kidneys	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11 May 48
Major findings of operation: polycystic Kidneys
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerry Seibels M. D.
Address Sinai Hospital Date signed 27 May 48

X

G63613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. G63613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wandell Dippel Wendell M. Dippel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 17 1929

8. AGE: Years 18 | Months 10 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Pvt. 1st class U.S. Marine

11. Industry or business U.S. Naval Station Annapolis

FATHER
12. Name Wandell J. Dippel
13. Birthplace Balto

MOTHER
14. Maiden Name Catherine E. Burns
15. Birthplace Balto

16 (a) Informant Wandell J. Dippel
(b) Address 312 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Dippel Bros
(b) Address 1800 E. Lombard St

19 (a) 19 1948 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 1:07 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
fractured skull with intracranial hemorrhage

due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-26-48 at approx. 12:30 P.M.
(b) Where did injury occur? Bare Run Race Rd near Baltimore-Harford Co. Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury motor vehicle accident

23. Signature Earl Ryan M.D.
Medical Examiner
Date signed 5-26-48

VS 151

63614 DENBY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. 63614

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 W. Franklin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Demby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Robert Demby
13. Birthplace Md

MOTHER
14. Maiden Name Belle Harkless
15. Birthplace Md.

16 (a) Informant Mrs. Rosie Cornish
(b) Address 714 Sarah Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co.

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D. Registrar
MAY 27 1948 registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24/1948, at 6:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Skull wound of Head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 24/48
(b) Where did injury occur? 1439 W. Franklin
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Sharp instrument.

23. Signature [signature] M.D.
Medical Examiner.
Date signed 5/24/48

X

G63615 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63615 #61889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 Puget Av (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Mitchell

3 (b) If veteran, name war Florida Mar T.

3 (c) Social Security Account No. 213-01-3658

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 65 years

7. Birth date of deceased mo., day, yr. 6-1-93

8. AGE: Years 54 | Months 11 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Elijah Mitchell
13. Birthplace Md

MOTHER
14. Maiden Name Lavinia Brown
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Bloo. National
Location Poket L. Towers

18 (a) Funeral director
(b) Address 1216 W. Carlisle St

19 (a) MAY 27 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1948, at 3:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1948, to 5-25 1948, and that I last saw him alive on 5-25 1948.

Immediate cause of death Resp. failure — Duration

Due to Cardiac failure

Due to A.H.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Brush M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5/25/48

VS 150

X

63616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 63616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Glenolden Ave.
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Li fe

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 16
(d) Street No. 607 Glenolden Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Rein

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-03-4271A

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1880

8. AGE: Years 67 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Belvadere Hotel

11. Industry or business Cashie r

FATHER
12. Name John J. Rein
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Hotel
15. Birthplace Germany

16 (a) Informant Mrs. H. E. Snyder
(b) Address 607 Glenolden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John T. Stansbury
(b) Address 2700 Edmondson Ave.

19 (a) MAY 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948 at 11:57 P M

21. I certify that death occurred on the date above stated: that I attended deceased from May 24 1948 to May 26 1948 and that I last saw h alive on May 26 1948.

Immediate cause of death Myocardial Degen - Duration
Uremia & insufficiency 2 days
Pulmonary edema
Due to arteriosclerotic typehoid
Due to Cirrhosis with cardiac hypertrophy + congestive failure Several years
Other Conditions Chronic Bronchitis + bronchial Asthma.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Michael M. D.
Address 790 Edmondson Ave Date signed May 27 1948

VS 150

663617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

663617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1233 Washington Blvd
(c) Hospital or institution: 21-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara F. Fritz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1888

8. AGE: Years 59 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Phillip Fritz
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mollie Bock
15. Birthplace Balto. Md.

16 (a) Informant Clara E. Lotz
(b) Address 1233 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mrs. John W. Teufel & Son
(b) Address 531 Edmondson Ave.

19 (a) MAY 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1948, at 6:50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1945 to May 27 1948, and that I last saw her alive on May 26 1948.

Immediate cause of death Chronic Myocarditis with Myocardial degeneration and — Duration 5 days

Due to Atrophic Arthritis severe — 40 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Lulenk, Jr. M. D.
Address 1227 Wash Blvd Date signed 5/27/48

VS 150

663618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 Braddish Ave
(c) Hospital or institution: 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Braddish Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-8212

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ella L. Smith

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1893

8. AGE: Years 54 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Radio Repairman

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary E. Easter
15. Birthplace Balto Md

16 (a) Informant Ella L. Smith
(b) Address 1215 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Wm. & Jno. W. Teufel & Son
(b) Address 5311 Edmondson Ave

19 MAY 27 1948 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1948, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1948 to 5-25 1948 and that I last saw him alive on 5-25 1948

Immediate cause of death: Cerebrovascular accident — Duration:
Due to: Hypertensive cardio
Due to: vascular disease
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Ardinger, M. D.
Address 10 W. Madison St. Date signed 5-26-48

VS 150

G63619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ G63619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035- Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11.04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033- Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Nance.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER | FATHER

12. Name

13. Birthplace D. C.

14. Maiden Name

15. Birthplace D. C.

16 (a) Informant Velzo Nance

(b) Address 1035 Eutaw St.

17 (a) Burial (b) Date thereof 5/27/48
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or Crematory White Ville N. C.

Location A. Halstead

18 (a) Funeral director

(b) Address 916 E. Lanvale St.

19 (a) Huntington Williams, Registrar
(Date rec'd by registrar)

MAY 27 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/ 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1948 to 5/24 1948, and that I last saw h- alive on 5/24 1948

Immediate cause of death

Cerebral Hemorrhage
Left Hemiplegia

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Velzo Nance

Address 822 N. Bond St. Date signed 5/26/48

X

663620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter C Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213.01-6736

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Margaret E. Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1913

8. AGE: Years: 34 | Months: 6 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Electrician Helper

11. Industry or business: Standard Oil Co.

FATHER
12. Name: George Henry Clark, Sr.
13. Birthplace: Va.

MOTHER
14. Maiden Name: Birdie Sinclair
15. Birthplace: Baltimore Md.

16 (a) Informant: Margaret E. Clark
(b) Address: 715 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md.

18 (a) Funeral director: L. Howard Strong
(b) Address: 3207 W. North Ave

MAY 27 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48 at 4:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to: A.S.C.V.D.

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Earle Ryan M.D. Medical Examiner.

Date signed 27 May 48

VS 181

63621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G63621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE McCONNELL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1/1884

8. AGE: Years 63 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Monticello, S.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Crumpton
13. Birthplace S.C.

MOTHER
14. Maiden Name Harriett
15 Birthplace S.C.

16 (a) Informant Margie Mack(D)
(b) Address 1100 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cemetery
Location Monticello, S.C.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave.

19 (a) MAY 28 1948 (Date rec'd by Registrar) (b) Huntington W. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/48 19 , at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1947 to 5/25 1948 and that I last saw h-- alive on 5/25 1948.

Immediate cause of death: Hypertension
Cardio-Renal
Vascular — Duration 6 mo

Due to — Duration 10 Days

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Hatcher
Address 1275 Pratt Date signed 5/27/48

VS 150

63622

GM. 117829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G63622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S. Pulaski ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Eisenacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife John M. Eisenacher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8 - 1874

8. AGE: Years	Months	Days	If less than one day
73 74	9	19	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Gehlein
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mary Berhman BURMAN
15. Birthplace MD.

16 (a) Informant Records Blto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) MAY 28 1948 (Date received by registrar) (b) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 27 - 1948, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 28 - 1948, to 5 - 27 - 1948, and that I last saw her alive on 5 - 27 - 1948.

Immediate cause of death	Duration
Bronchopneumonia	
Pulmonary edema	
Due to Carcinoma of breast, liver, pleura & lt femur	
Due to Generalized arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. S. Tenney M. D.
Address Baltimore City Hosp. Date signed 5/29/48

VS 150

63623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 W. Lafayette Ave
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna W. Fox

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Freeland Fox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1885

8. AGE: Years 62 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace: Carroll Co., Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: Magruder Wilson
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: Katharine Sewell
15. Birthplace: Howard Co., Md.

16 (a) Informant: Katharine Fox Bland
(b) Address: 11 Dutton Ave., Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Greenmount & North Aves

18 (a) Funeral director: John B. Mitchell & Son, Inc.
(b) Address: 1900 Eutaw Place

19 MAY 28 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1948 19 , at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to May 26 1948.
and that I last saw her alive on May 18 48.

Immediate cause of death: Hypertensive Arteriosclerotic Heart Disease — Duration: 10 yrs +
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert W. Garis, M.D.
Address: 1103 St. Paul St. Date signed 5/28/48

Dr. Garis

63624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 63624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Merryman Court
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Hester Ann Corner

3 (b) If veteran, name war

3 (c). Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2-6-20

8. AGE: Years 28 | Months 3 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name George Corner

13. Birthplace Md.

MOTHER 14. Maiden Name Betsy Copping

15. Birthplace Mass

16 (a) Informant Geo W Corner

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 29/48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location North ave & Greenmount ave

18 (a) Funeral director John O. Mitchell Sons

(b) Address 1900 Eutaw Place

MAY 28 1948 (Date rec'd by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 9 13 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1948 to 5/27 1948, and that I last saw h[illegible] alive on 5/27 1948

Immediate cause of death: Acute myelogenous leukemia — Duration: 10 days

Due to.....

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Marion B. Day M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-27-48

VS 150

53625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46F

Registered No. C53625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 S Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Moran

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-2140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband ~~or wife~~ Minne H Moran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1885

8. AGE: Years	Months	Days	If less than one day
63	1	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Eastern Rolling Mills
11. Industry or business

FATHER
12. Name John C Moran
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Bridges Moran
15. Birthplace Baltimore Md

16 (a) Informant Katherine Gietka
(b) Address 617 S Ellwood Ave

17 (a) Burial (b) Date thereof May 29 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director John C Moran
(b) Address 3800 E Baltimore St

19 MAY 28 1948 (b) Huntington Hollins MD
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH May 26, 1948, at 7:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6, 1948, to May 26, 1948 and that I last saw him alive on May 26, 1948

Immediate cause of death	Duration
Carcinoma of the liver	6 months?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 22, 1948
Major findings of operation: Carcinoma of the liver with generalized metastasis.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philbert Artigiani M.D.
Address 2942 E. Fayette St. Date signed 5/27/48

63626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

Registered No. G63626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles St.
(c) Hospital or institution:
Doctors Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5111 Anthony Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George John Hornberger

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret Jansen
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1864

8. AGE: Years	Months	Days	If less than one day
83	7	11 12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

12. Name George Hornberger
13. Birthplace Germany
14. Maiden Name Elizabeth ?
15. Birthplace ermany

16 (a) Informant Charles Hornberger
(b) Address 606 Nicoll Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Fifth ref
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE & BROADWAY

MAY 28 1948 (b) Huntington for Williamsville, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26, 1948, at 10:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23, 1948, to 5-26, 1948, and that I last saw h. alive on 5-26, 1948.

Immediate cause of death: Bronchial Pneumonia — Duration: 3 Days
Due to: Senile.
Due to: Endocarditis.
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael Rumfeld
Address 5401 Belair Rd Date signed 5/26/48

X

3627

al-G24839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54B

Registered No. G63627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212/1VANHOE AVE.
(c) Hospital or institution:
NONE
(d) Length of stay in hospital or inst. (yrs., mos., or days) NONE
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4212/1VANHOE AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME: SUZANNE ELEANOR HAMMOND.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1945

8. AGE: Years	Months	Days	If less than one day
3	0	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Dwight Hammond
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Eleanor Rosenthal
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Dwight Hammond
(b) Address 4214 Ivanhoe Avenue - 12

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

MAY 28 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26 1948 19 ..., at 5.A. M

21. I certify that death occurred on the date above stated; that I attended deceased from FEBY 25 19 48 to MAY 26 19 48 and that I last saw her alive on MAY 26 19 48.

Immediate cause of death	Duration
SARCOMA OF CEREBELLUM SEPT (INOPERABLE.)	21 1946.
Due to EXHAUSTION.	1948.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation SEPTEMBER 21 1946.
Major findings of operation: BIOSPY. SARCOMA.
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas P Schmutzer
3013 ST PAUL STREET. MAY 26 1948
Address Date signed

X

3628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland General Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Berwick Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary Catherine Aburn

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1861

8. AGE: Years	Months	Days	If less than one day
88	4	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School teacher - retired
11. Industry or business

FATHER
12. Name Johnson B. Aburn
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emily J. Bryant
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. John C. Wencke
(b) Address 2406 Erdman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) MAY 28 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 2 20/P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to May 26 1948 and that I last saw her alive on May 26 1948.

Immediate cause of death	Duration
Cardio - respiratory failure	
Due to Hypertension + arteriosclerotic cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. James Hunt M. D.
Address Md Gen Hosp Date signed 5/26/48

X

63629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

63629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 N. Spring St.
(c) Hospital or institution:

10 ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 N. Spring St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SELINA Low

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widowed

6 (b) Name of husband or wife Jerry Low
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Emmanuel Watkins
13. Birthplace maryland

MOTHER
14. Maiden Name Mady A. Jennings
15. Birthplace maryland

16 (a) Informant Victoria Dyson
(b) Address 730 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof may 31 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Co

18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave

MAY 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 7:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Ing thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 5/27/48

63630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

Registered No. G63630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Hinsline Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Swindell.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Estimator for Navy yd.

11. Industry or business

FATHER

12. Name Richard.

13. Birthplace Md

MOTHER

14. Maiden Name Amelia Catherine Hoffenberger.

15. Birthplace

16 (a) Informant Mrs. Swindell.

(b) Address 3616 Hinsline Rd.

17 (a) Burial (b) Date thereof 5-29-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director George A. Farby

(b) Address Fulton Ave & Fayette St.

19 (a) MAY 28 1948 (b)
(Date received by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26- 1948 at 8 M A

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to May 26 1948 and that I last saw h[im] alive on May 26 1948 - 8 A

Immediate cause of death Lymphosarcoma -

Due to Exact diagnosis deferred awaiting microscopic sections.

Duration

over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 20, 1948

Major findings of operation Splenomegaly

of autopsy Lymphosarcoma hyperplasia

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Alfred G. Gannon M.D.

Address St. Agnes Hosp. Date signed 5/27/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

663631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. 663631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 Argyle Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Argyle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence E. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Rood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER: 12. Name Unknown
13. Birthplace "

MOTHER: 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Marie Tyer
(b) Address 911 Argyle ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 MAY 28 1948 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948, to May 27 1948, and that I last saw him alive on May 26 1948.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to	
Due to Cardiac Asthma	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. Fisher M. D.
Address 5 E Monument Date signed 5-27-48

X

63632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

516

Registered No. 63632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: President
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 W. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	10	26		

1873

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Robinson
13. Birthplace VA.

MOTHER
14. Maiden Name Lizzie Ward
15. Birthplace Va.

16 (a) Informant Mrs. Irene Ross
(b) Address 306 W. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 28 1948 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/1948 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23/1948 to 5/26/1948 and that I last saw him alive on 5/26/1948

Immediate cause of death: Ca of Prostate — Duration:

Due to

Due to

Other Conditions Uremia
Myocardial Failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Preston Grant, M.D.
Address 1514 Division St Date signed 5/27/48

VS 150

63633

GM. 119027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G63633

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) I / I Month

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6 S. Carlton Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Andrew Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Georgeanna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1878

8. AGE: Years	Months	Days	If less than one day
70	-	25	hr. min.

9. Birthplace MD.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John

13. Birthplace MD.

MOTHER

14. Maiden Name Rachel Johnson

15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 5-31-48

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Star Cem.

Location Catonsville, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle St.

MAY 28 1948 Huntington Williams M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 26 -- 1948, at 5.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 17 1948 to 5 - 26 - 1948 and that I last saw h im alive on 5 - 26 - 1948.

Immediate cause of death	Duration
Cardiac Failure	2 days
Due to ASCVD	yrs
Due to	
Other Conditions Gangrene of toes	1 mo

(Include pregnancy within 3 months of death)

Date of operation 5.13.48

Major findings of operation: gangrene of toes

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Jordan Craft M. D.

Address Balt. City Hosp. Date signed 5/27/48

VS 159

X

663634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

663634
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 64
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis CUNEO

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-2949

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 22-1882

8. AGE Years	Months	Days	If less than one day
65	9	4	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Baltimore Transfer Co.

FATHER
12. Name Francesco Cuneo
13. Birthplace Italy

MOTHER
14. Maiden Name Madeline Bacicalupo
15. Birthplace Italy

16 (a) Informant Charles D. Cuneo (Brother)
(b) Address 1816 E. Fairmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31st. 48 (month) (day) (year)
(c) Cemetery ~~xxxxxxx~~ Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) MAY 28 1948 (Local registrar) Huntington Williams M.D. Registrar

AHS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 11:25 P.M

21. I certify that I took charge of the remains described above, held an Inspection and Inq. (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒; accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 5/27/48

X

G63635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G63635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Edmonson Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Edmonson Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ionia Myers

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Maurice

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 8/6/1884

8. AGE: Years 63 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Montgomery, Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jerry Frazier
13. Birthplace Montgomery Co. Md.

MOTHER
14. Maiden Name Maggie Williams
15. Birthplace Montgomery Co. Md.

16 (a) Informant Maurice Myers (H)
(b) Address 706 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (month) (day) (year)
(c) Cemetery or crematory Western Star Cem
Location Balto. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 Carrollton Ave

MAY 28 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/48 19 at 7:15 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized Arteriosclerosis

Due to:

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 5/26/48

97

G63636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Rutter St
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Rutter St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PURNELL E.LUCAS

3 (b) If veteran, name war: W.W.#1
3 (c) Social Security Account No. 218-01-9782

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr) 7/27/1887

8. AGE: Years	Months	Days	If less than one day
60	9	28	hr. min.

9. Birthplace Charlestown, W.Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Lucas
13. Birthplace Charlestown, W.Va.

MOTHER
14. Maiden Name Catherine Washington
15 Birthplace Charlestown, W. Va.

16 (a) Informant Minnie Scott Lucas (W.)
(b) Address 1404 Rutter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l
Location Balto. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 Carrollton Ave

19 (a) MAY 28 1948 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/48 19 , at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 19 44 to May 25 19 48 and that I last saw h[illegible] alive on 5 19 48.

Immediate cause of death: Coron[illegible] Heart Dis[illegible] — Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Wallis M.D.
Address 821 Park Date signed 5-25-48

VS 150

X

G63637 G63637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3532 Greenmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore -18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICKA ROESNINCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife Charles Roesninck
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July 30, 1858

8. AGE: Years	Months	Days	If less than one day
89	10	27	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Ulrich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Mueller
15. Birthplace Germany

16 (a) Informant Mrs. Louis Bender (Daughter)
(b) Address 3532 Greenmount Ave.

17 (a) Burial (b) Date thereof May. 30. 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Paul's 5th. Ref.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore Md.

19 (a) May 29 1948 (b)
(Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27. 1948 at 2.00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to May 27 1948 and that I last saw her alive on May 27 1948

Immediate cause of death	Duration
Hypostatic pneumonia	3 days.
Due to Old age and a	
minor respiratory infection	& 1 week
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Farley L. Jaggett. M. D.
Address 3812 Greenmount Ave Date signed 5/27/48

111 C

663638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

663638
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1952 Perlman Place
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1952 Perlman Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob. H. Ihle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Augusta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23rd 1867

8. AGE: Years	Months	Days	If less than one day
80	7	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name Henry Ihle
13. Birthplace Germany.
14. Maiden Name —
15. Birthplace Germany.

16 (a) Informant Mrs
(b) Address 1952 Perlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 | 29 | 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St Ext

18 (a) Funeral director Leo G. Brook
Address 201-03 N. Patterson Park ave

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 50
M. Swiss

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26th 1948, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1947 to 5-26 1948 and that I last saw him alive on 5-26 1948.

Immediate cause of death	Duration
(a) Carcinoma of Larynx	1 Yr
Due to (b) Arteriosclerotic heart disease	20 Yr.
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Geiss M. D.
Address 6232 Belair Rd Date signed May 28 1948

X

48-02858

G63639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 71

Registered No. G63639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO
(c) City or town Baltimore 11
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6126 Falls Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Leroy Gill

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 3/20/48

8. AGE: Years	Months	Days	If less than one day
	1	27 days	hr. min.

9. Birthplace Baltimore Maryland
(Town, county and state)
10. Usual Occupation —
11. Industry or business —

12. Name Howard D. Gill
13. Birthplace Baltimore Md.
14. Maiden Name Jessie V. Bolle
15 Birthplace —

16 (a) Informant Parents
(b) Address 6126 Falls Rd. Balto. 11, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1948
(month) (day) (year)
(c) Cemetery or crematory Carroll Chapel
Location Chestnut Ridge, Balto. Co.
(a) Funeral director Wm. Berryman & Sons
(b) Address Riderwood, Md.

MAY 28 1948
(Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1948, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 5/27 1948 and that I last saw him alive on 5/27 1948.

Immediate cause of death	Duration
Chronic Nutritional Deficiency	1 month?
Due to Cause ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Smith Jr.
Address Union Memorial Hosp. Date signed 5/27/48 M. D.

663640 663640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 N. Patterson Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Ressig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mercedes Ressig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1885

8. AGE: Years	Months	Days	If less than one day
62	8	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Investigator
11. Industry or business Dun & Bradstreets

FATHER
12. Name Joseph Ressig
13. Birthplace Prague

MOTHER
14. Maiden Name Catherine Hoerner
15. Birthplace

16 (a) Informant Mrs. Mercedes Ressig
(b) Address 825 N. Patterson Park Ave.,

17 (a) Burial (b) Date thereof 5/31/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) (b)
Signature by registrar Registrar

28 [illegible]
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to May 26 1948 and that I last saw h[illegible] alive on May 26 1948.

Immediate cause of death Coronary Thrombosis — Duration acute
Due to Coronary Heart Disease — 2 mos
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 5/27/48 M.D.

X

G63641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4244 Nicholas Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4244 Nicholas Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME PETER GRAU, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Louise (nee Kotras)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1882

8. AGE: Years 66 | Months - | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation Machinest

11. Industry or business

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant: Mrs. Louise Kotras Grau
(b) Address 4244 Nicholas Avenue

17 (a) Burial (b) Date thereof 5/29/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

(a) Filed 5 28 1948 (b) Date rec'd by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/48 19... at 6 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 5/26/48

VS 151

G63642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Church St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Church St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Julia Pusloski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Nicholas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Hungary Austria (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Stanley Dekowicz
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Jankieski
15. Birthplace Austria

16 (a) Informant Nicholas Pusloski
(b) Address 1605 Church St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. Co.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern ave

19 28 1948 (b) (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1948, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to May 27 1948, and that I last saw h[illegible] alive on May 27 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions Hemiplegia	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Lubin
Address 120 Patapsco Ave Date signed 5/28/48

V S 150

Paul Lubin

G63643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G63643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1934 BREITWERT AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 BREITWERT AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET (MAGGIE) SMITH.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife HENRY (DECEASED)

6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) SEPT 7 - 1864

8. AGE: Years	Months	Days	If less than one day
83	8	20	hr. min.

9. Birthplace BALTO
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name GEO FRANK
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant MRS. [redacted] FURST JR.
(b) Address 1934 BREITWERT AVE

17 (a) BURIAL (b) Date thereof 5-31-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PK.
Location I-RED AVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 214 N. LYNDHURST ST

19 (a) MAY 28 1948 (b) Huntingtown Williams, M.D.
(Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27- 1948 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24/48 19 to 5/27/48 19, and that I last saw him alive on 5/26/48 19

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Lamberg

Address 2411 Wash. Blvd. Date signed 5/27/48

VS 150

G63644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46E

G63644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 S. Durham Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Durham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERONICA SZCZEPANIK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Peter
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) June 20, 1874

8. AGE: Years	Months	Days	If less than one day
73	11	6	hr. min.

9. Birthplace Kendzierz, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Sidor
13. Birthplace Kendzierz, Poland

MOTHER
14. Maiden Name Sophia Wojciechowska
15. Birthplace Kendzierz, Poland

16 (a) Informant Miss Josephine Szczepanik
(b) Address 520 S. Durham Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director W. F. Sadowski & Sons
(b) Address 1808 Eastern Avenue

19 (a) [illegible] (Delivered by registrar) (b) [illegible] Registrar

25 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 26 1948 and that I last saw h[illegible] alive on May 25 1948

Immediate cause of death Cardiac Failure — Duration

Due to Carcinoma of Intestine

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1724 W. Lombard St Date signed May 28/48

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

G63645 CERTIFICATE OF DEATH 150 G63645

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Poplar Grove St. 6 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rose Genevieve Hess

(a) Residence: No. 1632 Poplar Grove St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Jarvis Hess

7. DATE OF BIRTH (month, day, year): April 8, 1876

7. AGE: Years 72 | Months 1 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Grafton W. Va

13. NAME: William D. MacGill

14. BIRTHPLACE (city or town) (State or country): U.S.A.

15. MAIDEN NAME: Cecilia Annie Miles

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: MR. FRED JARVIS HESS

(Address) 1632 POPLAR GROVE ST.

BURIAL, CREMATION, OR REMOVAL

Place LOUDON PK Date 5/29 1948

UNDERTAKER: Wm J. Tickner + Sons

(Address) Balto. Md.

May 28 1948

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 26, 1948

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1948, to May 26, 1948

I last saw her alive on May 25, 1948 death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Cachexia, Anemia	
Terminal Pneumonia	May 25/48
Other contributory causes of importance: Carcinoma of Breast (Left) metastases	4 years
Hypertension	

Name of operation: .... Date of: ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) Bysmith Lemon-Lawlor M. D.

(Address) 1224 Bloomingdale Road

111 c

63646
AB-43691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

E-63646
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Homewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Fogelein

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28- 1861

8. AGE: Years 87 | Months - | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Anton Sehum
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Islin
15. Birthplace Germany

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director LILLY & ZEILER INC.
(b) Address 403 S. WOLFE ST 31

19 (a) JUN 1 1948 (Date rec'd by Registrar) (b) Cunningham Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29- 1948, at 8.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10- 1939, to 5-29- 1948, and that I last saw h[illegible] alive on 5-29- 1948.

Immediate cause of death
Pulmonary Edema — Duration 4 days
Due to Arteriosclerotic Heart Disease. — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 5-30-48

VS 150

G63647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39c

G63647 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Stewartstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #2 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Grove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie I. Grove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1882

8. AGE: Years	Months	Days	If less than one day
65	11	24	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Levi Grove
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name
15 Birthplace

16 (a) Informant Carrie Grove (wife)
(b) Address Stewartstown, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (month) (day) (year)
(c) Cemetery or crematory Sadler
Location York Co. Pa.

18 (a) Funeral director Leroy Myers
(b) Address 5005 Harford Ave. Baltimore Md.

19 (a) Filed by registrar Huntington Williams M.D. (b) Registrar

28 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948 at 8:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1948 to May 26 1948 and that I last saw him alive on May 26 1948

Immediate cause of death Rocky Mountain Spotted Fever — Duration 9 days

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Enlarged Spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. A. Good M. D.
Address Union Memorial Hosp. Date signed 5-28-48

X

G63648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G63648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Nursing Home B-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 E. Federal Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine T. Schneider

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-07-6586

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8th, 1889

8. AGE: Years 58 | Months 6 | Days 18 | If less than one day ####### min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Drug Company

FATHER
12. Name John G. Schneider
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Ann Zang
15. Birthplace North Carolina

16 (a) Informant Mr. John Schneider --Brother
(b) Address 4636 Walther Avenue, Balto: Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (b) Rec'd by registrar at

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th, 1948 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 27 May 1947 to 27 May 1948
and that I last saw h[illegible] alive on 24 May 1948

Immediate cause of death: Myocardial failure,
Due to: Arteriosclerosis, Hypertension
Due to: ARTERIOSCLEROSIS, HYPERTENSION
Other Conditions: Carcinomatosis breast
[illegible] GENERALIZED
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 3 wks / BREAST

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Goodman HOWARD GOODMAN, M
Address 1515 N. Milton Ave Date signed 28 May 48

97

G63649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5215 Harford Rd. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Robert J. Clare

3 (b) If veteran, name war ( ) | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Elsie May
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr. 28-1884

8. AGE: Years 64 | Months 0 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Bethlehem Steel

11. Industry or business

FATHER
12. Name John D. Clare
13. Birthplace Va.

MOTHER
14. Maiden Name Florence R. Hanson
15. Birthplace Md.

16 (a) Informant Mrs Frederick Turner
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-48 19..... at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1948 to 5-27 1948, and that I last saw him alive on 5-27 1948.

Immediate cause of death: (a) Coronary Occlusion
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Norman E. Zinberg M. D.
Address Sinai Hospt. Date signed 5-27-48

X

Dr. Hirschfeld G63850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Fleetwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Fleetwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony E. Eckstein

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Bertha Eckstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1895

8. AGE: Years 52 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Police
11. Industry or business

FATHER
12. Name Englebert Eckstein
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalena Myers
15. Birthplace Germany

16 (a) Informant Mrs. Bertha Eckstein
(b) Address 2706 Fleetwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 10 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1947 to 5/27 1948, and that I last saw h[illegible] alive on 5/27 1948.

Immediate cause of death: Ventricular fibrillation — Duration: 1 hr
Due to: Coronary occlusion
Due to: Hypertensive Cardio-cerebral disease — 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Hirschfeld M. D.
Address 919 Harford Rd. Date signed 5/28/48

VS 153

53651 3C-4P-1167 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V159 Registered No. G63651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Maryland Hospital. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 North Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 16 May, 1948

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Premature Infant.

11. Industry or business

12. Name Leroy Thomas Moore

13. Birthplace Baltimore, Md.

14. Maiden Name Anne Caroline Williams

15. Birthplace Baltimore, Md.

16 (a) Informant Husband

(b) Address 223 North Gilmor St. Balt. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

(a) Funeral director

(b) Address

MAY 28 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 May 1948, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 5-26 1948, and that I last saw him alive on 5-26 1948.

Immediate cause of death Respiratory Failure — Duration

Due to Prematurity

Due to Mother having had toxemia of pregnancy

Other Conditions Patient Term Pregnancy Date Undetermined - Suspected.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Covey, M.D.
Address University Md. Hospital Baltimore, Md. Date signed 5-26-48

University Medical School MAY 27 1948 Commissioner of Health

3652 E.M.119924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Westphal Place # 30
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Louise McMahon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Michael McMahon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1897

8. AGE: Years	Months	Days	If less than one day
50 (51) 50	8	11	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Cadwell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Campbell
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, removal) (b) Date thereof 5/29/48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Flynn-Fleming
(b) Address 1426 Light St.
MAY 28 1948 Huntington Williams, Mgr.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26- 1948, at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24- 1948 to 5-26- 1948 and that I last saw h er alive on 5-26- 1948

Immediate cause of death
Heart Failure — Duration 4 days
Due to Rheumatic Heart Disease —
Due to
Other Conditions Azotemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Dearborough, M.D.
Address Baltimore City Hospitals Date signed 5-27-48

63653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

G63653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 W. Fayette St
(c) Hospital or institution 4-or

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 W Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nancy De Witt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Samuel R. DeWitt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1872

8. AGE: Years	Months	Days	If less than one day
76	2	13	hr. min.

9. Birthplace Kendallville Indiana (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

12. Name Lloyd Teal

13. Birthplace Kendallville Indiana

14. Maiden Name Angelina Gruey

15. Birthplace Kendallville, Indiana

(a) Informant Norman J. DeWitt

(b) Address 741 W. Fayette St.

(a) Burial (b) Date thereof 5/29/48 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore

(a) Funeral director Frederick R. Dole

(b) Address 1301 W. Lombard St

MAY 28 1948 (Date rec'd by registrar) (b) Huntington Indiana

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 May 1948, at 7:40 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease with cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D. Medical Examiner.

Date signed 27 May 1948

63654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N. Duncan St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Duncan St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Foukal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Foukal

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1884

8. AGE: Years 63 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Joseph Chaloupka

13. Birthplace Austria Hungary

14. Maiden Name Not known

15 Birthplace Bohemia

16 (a) Informant Joseph Foukal

16 (b) Address 911 N Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/48 (month) (day) (year)

17 (c) Cemetery or crematory Oakhill

Location Baltimore Md

17 (a) Funeral director Figula Evachko

17 (b) Address 900 N. Eberlich

MAY 29 1948 (Date rec'd by registrar)

17 (b) Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948 at 330 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to May 26 1948 and that I last saw h[er] alive on May 26 48.

Immediate cause of death Hypostatic Pneumonia — Duration 8 Days

Due to Ch. Myocarditis — 7/1/47

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Rysavy M. D.

Address 5014 Lakewood Ave Date signed

VS 150

X

663655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

663655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius Leroy Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10 7008

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna Jenkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Woodbine Md. (Town, county, and state)

10. Usual Occupation Ship Carpenter

11. Industry or business

FATHER 12. Name George Washington Jenkins

13. Birthplace Woodbine Md.

MOTHER 14. Maiden Name Kate Frederick

15. Birthplace Woodbine Md.

16 (a) Informant Edna Jenkins

(b) Address 2206 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/48 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Fred W Ozazewski

(b) Address 1930 Eastern Ave.

19 MAY 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1948, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1948 to 5-26 1948, and that I last saw him alive on 5-26 1948.

Immediate cause of death	Duration
Cerebro-vascular accident (hemorrhage).	
Due to hypertension cardio-vascular disease.	
Due to	
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert H. Carouge M. D.

Address 6226 Everall Ave Date signed 5-26-48

VS 150

663656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 663656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hospital 27-09
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pentridge Apts # 16 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony J. Buck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband or~~ wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1878

8. AGE: Years	Months	Days	If less than one day
69	7	7	hr. min.

9. Birthplace Pittsburgh Pa.
(Town, county, and state)
10. Usual Occupation Physician
11. Industry or business Own Practice

FATHER
12. Name Buck
13. Birthplace

MOTHER
14. Maiden Name Veronica
15. Birthplace

16 (a) Informant A. B. Buck
(b) Address 1515 E. North Ave

17 (a) Cremation (b) Date thereof 6/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery or~~ crematory Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAY 29 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 May 1948, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 26 May 1948 to 28 May 1948 and that I last saw him alive on 28 May 1948

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Lymphatic Leukemia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Allan Spain
Address Md. Gen. Hosp. Date signed 28 May 48

63657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-63657 Registered No. 126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Garrison
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Lippen -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward A. Lippen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary
15 Birthplace Maryland

16 (a) Informant Mr Harry F. Meiser
(b) Address 4302 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John G Moran
(b) Address 3000 E Baltimore St

(a) (Date rec'd by registrar) JUN 1 1948

Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 48; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 19 48 to 5-28 19 48, and that I last saw he alive on 5-28 19 48

Immediate cause of death	Duration
Hepatic Coma	
Due to Common Bile Duct Obstruction	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation 1 week ago

Major findings of operation: Common bile duct stone

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. P. Anderson M. D.

Address Sinai Hospital Baltimore Signed 5-28-48

VS 199

Federson X

663658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

663658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6710 GERMAN HILL RD.
(c) Hospital or institution:
NONE
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6710 GERMAN HILL RD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — — —

3 (a) FULL NAME CAROLINE SHIELDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married.

(b) Name of husband or wife Martin Shields

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1885

AGE: Years 62 | Months 11 | Days 29 | If less than one day ____hr. ____min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

12. Name ? Behringer

13. Birthplace Germany

14. Maiden Name Anna Zipperich

15. Birthplace Germany

(a) Informant Martin Shields (Husband)

(b) Address 6710 German Hill Rd

(a) Burial (b) Date thereof 6/1/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto. National
Location Frederick Ave

(a) Funeral director Tully & Zeiler Inc

(b) Address 403 S. Ellwood Av.

(a) MAY 29 1948 (b) Huntington Williamsville, Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1946 to May 28 1948, and that I last saw h[illegible] alive on May 25 1948.

Immediate cause of death Carcinoma breast — Duration 2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David H. Andrew M. D.

Address 1 Kenilworth Ct Date signed 6/2/48

VS 150

Mentioned (2-) and X

G63659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G63659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E. Lake Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E. Lake
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Emma Williamson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John D. Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22-1859

8. AGE: Years 88 | Months 7 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Balto - Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

12. Name John H. Bomberger

13. Birthplace Richmond. Va.

14. Maiden Name Mary Richards

15 Birthplace Near Pocomoc - Md.

(a) Informant Mrs. Alice W. Rogers (Niece)

(b) Address 3038 Clifford Ave. City-16

(a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

(a) Funeral director Steward & Monument Company

(b) Address 108 W. North Ave. City #1.

(a) MAY 29 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1948 to May 27 1948, and that I last saw h[er] alive on May 26 1948.

Immediate cause of death	Duration
Arteriosclerosis	1948
Due to Chr Myocarditis	1948
Due to	
Other Conditions Chronic Cardiac Debility	1948

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bishop M. D.

Address 603 Sheridan Ave Date signed May 28-48

VS 139

X

BC-48-11936
663660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G63660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 L. Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/24/48

8. AGE: Years | Months | Days | If less than one day: 7 hr. ~45 min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name John Charles James ?

13. Birthplace

14. Maiden Name Margaret ?

15. Birthplace Md

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) MAY 29 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150 Hospital Disposal

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 24 - 1948, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Prematurity

Due to atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Crigler, Jr. M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-27-48

63661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663661

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address 725 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 S. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie W. Dexter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Samuel A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1874

8. AGE: Years	Months	Days	If less than one day
73	5	28 27	hr. min.

9. Birthplace Eastern Shore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

MOTHER / FATHER
12. Name James Price
13. Birthplace Eastern Shore Md.
14. Maiden Name not known
15. Birthplace Eastern Shore Md.

16 (a) Informant Mrs. Anna Metzdorf
(b) Address 725 S. Ellwood Ave.

17 (a) Burial (b) Date thereof 5/30/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chesterfield
Location Centerville Md.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway.

19 (a) MAY 29 19[illegible] (b) Thurlington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 8 32 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-1 1947 to May 27 1948
and that I last saw h.[illegible] alive on May 20 1948

Immediate cause of death Acute Cardiac Failure — Duration

Due to Cardio vascular-Renal
[illegible] yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 3503 Fait Ave Date signed 5/29/48

VS 150

X

63662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 S. East Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry E. Wille

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1883

8. AGE: Years	Months	Days	If less than one day
64	8 9	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Frederick Wille
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hildebrandt
15. Birthplace Germany

16 (a) Informant Mrs. Christ. Schmeiser
(b) Address 305 Gittings Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) MAY 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29 1948, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1948, to 5-29 1948, and that I last saw h[illegible] alive on 5-22-1948.

Immediate cause of death	Duration
Hypostatic pneumonia	
Arteriosclerosis C.V. Disease	
Cerebral Hemorrhage	5-7-48
Due to Chr. Myocardial Failure	5-20-48
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. A. Schmeiser M. D.
Address 842 S. Eastern Ave. Date signed 5-29-48

VS 150

G63663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G63663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Florida (b) County:
(c) City or town: Homestead
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Route 2 Box 476
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: HARRY ERNEST MATTHES

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.: 152-10-1928

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Helen Doty Matthes
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.): Dec. 8, 1895

8. AGE: Years	Months	Days	If less than one day
52	5	20	....hr. ....min.

9. Birthplace: Wilkes Barre, Pa.
(Town, county, and state)
10. Usual Occupation: Steward
11. Industry or business: Seafarer

FATHER
12. Name: John A. Matthes
13. Birthplace: Germany

MOTHER
14. Maiden Name: Emma Luty
15 Birthplace: Switzerland

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)
(c) Cemetery or crematory
Location: Wilkes Barre, Pa.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 MAY 29 1948 Name filed by Registrar Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 48 at 2:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to May 28 19 48, and that I last saw h... alive on May 28 19 48.

Immediate cause of death	Duration
Carcinoma, right lung,	
Due to Ø multiple metastases	
Due to (Papillary adenocarcinoma)	
Other Conditions Mixed type	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. L. Lewis, Jr. M.D.
M. D.
Address: U.S. Marine Hospital Date signed: 28 May 1948
Baltimore, Md.

63664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. 63664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1977 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1977 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R. Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1867

8. AGE: Years	Months	Days	If less than one day
80 81	7		hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER
12. Name Wm. F. Armstrong
13. Birthplace Balto.

MOTHER
14. Maiden Name Eliza Copey
15. Birthplace Balto.

16 (a) Informant Mrs. Chas. Schumacher
(b) Address 1977 E. Lafayette Ave

17 (a) Burial (b) Date thereof 5 | 29 | 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Balto

18 (a) Funeral director C. J. Tapmeyer's Son
(b) Address 1938 E. Lafayette Ave.

19 (MAY 29 19[illegible] Washington Manor, Md.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1948; at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from November 7 1947 to May 26 1948 and that I last saw h[illegible] alive on May 26 1948

Immediate cause of death Cachexia and metastasis — Duration Years

Due to Carcinoma of Larynx — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 20 25 North Ave Date signed 5/29/48

VS 150

663665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. 663665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 153 Henrietta St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 153 Henrietta St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Ferguson Ferguson

3 (b) If veteran, name war W. W. I

3 (c) Social Security Account No. 213-10-8655

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Gastonia N.C
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

12. Name John Ferguson

13. Birthplace N.C.

14. Maiden Name Sallie Fox

15. Birthplace N.C.

16 (a) Informant: Lydia Fox Castle

(b) Address 165 N. Henrietta

17 (a) Burial (b) Date thereof 5-29-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ct
Location A. A. Co. Md

(a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

MAY 29 1948
(Date rec'd by registrar)

(b) [illegible] Williams, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 12:24 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L. Royer M.D.
Medical Examiner.
Date signed 5-25-48

63666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1945

Registered No. 63666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4110 Falls Road,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4110 Falls Road,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Clay Nicholson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Emma J. Nicholson

6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) 10-4-1855.

8. AGE: Years 97 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name David M. Nicholson
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca A. Green
15. Birthplace Unknown

16 (a) Informant Walter C. Nicholson
(b) Address 4110 Falls Road

17 (a) Burial, (b) Date thereof 5-31-45
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem.
Location Manchester Md.

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Falls Road,

19 (c) MAY 29 1945 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1945, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945, to May 28 1945 and that I last saw him alive on May 27 1945.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to Arteriosclerotic C.-V. Dis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. F. Hussman M. D.
Address 4017 Falls Rd. Date signed 5-29-45

VS 150

663667

BALTIMORE CITY HEALTH DEPARTMENT

BC = 48-11218 CERTIFICATE OF DEATH 160a

Registered No. 663667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 17.
(b) Street address Lafayette & Johns Sts.
(c) Hospital or institution: Hosp. for the Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Harford
(c) City or town Fawngrove.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Post Office Fawngrove Pa
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Duncan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife: none
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 5.27.48.
8. AGE: Years 0 Months 0 Days 1½ If less than one day hr. min.
9. Birthplace: Baltimore 17 Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name: Everett N. Duncan
13. Birthplace: Harford Md.

MOTHER
14. Maiden Name: Mary Louise Anderson
15. Birthplace: Harford Md.

16 (a) Informant: Mary Louise Duncan
(b) Address: Fawngrove. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) May 29 1948

(c) Cemetery or crematory: Bethel
Location: White Hall Md

18 (a) Funeral director: Wm. Grove
(b) Address: Wm. Grove Pa

19 (a) MAY 29 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5.28 1948, at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5.27. 1948, to 5.28 1948, and that I last saw him alive on 5.28 1948

Immediate cause of death: Respiratory failure — Duration

Due to: Cerebral Hemorrhage

Due to: Birth Injury.

Other Conditions: none.
(Include pregnancy within 3 months of death)

Date of operation: Lumbar Puncture 5.27.48

Major findings of operation: Bloody fluid.

of autopsy: not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide: Birth Injury
(b) Date of occurrence: 5.27.48, (at) M
(c) Where did injury occur? Woman's Hospital
(Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no. While at work? no.
(Specify type of place)
(e) Means of injury: Birth trauma.

23. Signature: Vernon C. Kelly M.D.
Address: Woman's Hospital Date signed: 5.29.48

VS 150

3668 — 119495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. G63668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1172 W. Hamburg St. -30
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George P. Crutchfield

3 (b) If veteran, name war

3 (c) Social Security Account No. 200-05-4525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Frances Crutchfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1894

8. AGE: Years	Months	Days	If less than one day
53	8	20	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FAMILY INFORMATION
12. Name Robert Crutchfield
13. Birthplace N. C.
14. Maiden Name Betty Thompson
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Milton Ave & Rose St.
18 (a) Funeral director Forney H. Blight Jr.
(b) Address 6009 Harford Road
(a) MAY 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 10.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948, to May 28 1948, and that I last saw h in alive on May 28 1948.

Immediate cause of death: Bronchial obstruction due to hemorrhage.
Due to Ca of bronchus.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5 Min
6 months

Date of operation 5-20-48.
Major findings of operation Bronchogenic carcinoma, ~~of~~ undetermined involvement.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. E. Grove M. D.
Address 4940 Eastern Ave Date signed 5-28-48

To Be Approved by Medical Examiner. Dr. W. H. Kemmler
by Howard J. Maddeio, M.D.

VS 150

63669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country ----

3 (a) FULL NAME: MRS RHODA B. MURPHY

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles A. Murphy

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years: about 75 | Months: --- | Days: --- | If less than one day: -- hr. -- min.

9. Birthplace: Garrett County Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business: -------

12. Name: Edward Brydon

13. Birthplace: New York State

14. Maiden Name: Rhoda --FURGUSON

15. Birthplace: Virginia

16 (a) Informant: Charles A. Murphy, Jr.

16 (b) Address: 1 S. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)

17 (c) Cemetery or crematory: Holy Cross
Location: Harford Road, Baltimore

18 (a) Funeral director: H. W. Meats and Son

18 (b) Address: 805 N. Calvert Street

MAY 29 1948 (Date rec'd by registrar) (b) Huntington W. Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 May 1948, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1947 to 27 May 1948.
Said that I last saw her alive on 27 May 1948

Immediate cause of death: Cerebral Embolism — Duration: 8 mo.

Due to: Chronic nephritis — Duration: 1 yr.

Due to: A.S.C.V.D. — Duration: 6 mo.

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Earl L. Royer M. D.

Address 1 W. Watson St. Date signed 25 May 1948

63670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1483

Registered No. G63670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution: Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6/15/1889

8. AGE: Years 59 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Prince Edward County, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden Name Mary Allen

15. Birthplace Virginia

(a) Informant Mrs. Fanny Hacker

(b) Address 1026 N. Eutaw St

(a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1948 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Arbutus, Maryland

(a) Funeral director Charles P. Lowe

(b) Address 802 Madison Ave

(c) May 29 1948 Date rec'd by registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1948, to May 27 1948, and that I last saw h[illegible] alive on May 27 1948.

Immediate cause of death Carcinoma of Uterus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Hopkins

Address 27 North Carey Date signed 5/29/48

VS 150

663671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1829

Registered No. G63671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 W. Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Bunting

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced ~~married~~

6 (b) Name of husband or wife Edward Bunting

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 10-1858

8. AGE: Years 90 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

12. Name Lorenz Schaefer

13. Birthplace Germany

14. Maiden Name —

15. Birthplace Germany

16. (a) Informant Mrs. Edna M. Grant

(b) Address 1902 W. Baltimore St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-48 (month) (day) (year)

(c) Cemetery or crematory Loudon-Park

Location Baltimore Md

18. (a) Funeral director J. D. Reinhardt Son

(b) Address 300 Eutaw Place

19. (a) MAY 29 1948 (Date rec'd by registrar) (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to May 1948, and that I last saw her alive on May 22 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Sound M.D.

Address 322 Fremont Ave. Date signed 5/26/48

VS 150

G63672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 131a

Registered No. G63672

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address Edwood & Greene St
(c) Hospital or institution: Union Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Harford.
(c) City or town Taylor
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Larner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, ~~widowed~~, or divorced. ? single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years (69) | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name James Larner

13. Birthplace Md.

MOTHER

14. Maiden Name Adelia ? Clancy

15 Birthplace Md, Ireland

16 (a) Informant Miss Alice Kelly.

(b) Address Belair Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/48 (month) (day) (year)

(c) Cemetery or crematory St Ignatius Cem

Location Hickory Harford Co.

18 (a) Funeral director Joseph F Foster

(b) Address Belair Md

(c) Date rec'd by registrar MAY 30 1948 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 5/28 1948 and that I last saw him alive on 5/28 1948

Immediate cause of death Card Resp. Collapse — Duration

Due to Deferred. — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H V Taylor M.D.

Address Edwood & Greene Date signed 5/29/48

VS 150

663673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 663673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 myrtle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 myrtle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Boston Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race col.

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17. 1892

8. AGE: Years 55 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Montgomery Co. md (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

12. Name Bebely Thorton

13. Birthplace Gloster co. va

14. Maiden Name Elizabeth Thorton

15. Birthplace Gloster co. va

(a) Informant Walter A Carroll

(b) Address 507 myrtle

(a) Burial (Burial, cremation, or removal) (b) Date thereof May 29. 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn md

(a) Funeral director Elroy S Wilson

(b) Address 1000 Bdantley ave Huntington Williamsburg, Mass

(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29/48 19 , at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8/48 19 , to 5/26/48 19 , and that I last saw h alive on 5/26/48 19 .

Immediate cause of death Nephritis — Duration days

Due to — Duration

Due to — Duration 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F Boston

Address 612 Edmonson 29 Date signed 5/29/48

VS 150

X

663674

BC - 48-10824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 157B

Registered No. 4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1r-0 ✓
(c) Hospital or institution: Church Home and Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: (b) County: Allegheny
(c) City or town: 3101 St Paul St
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME: William Paul Halsey ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5. 25. 48

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min. 4

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name: William Paul Halsey

13. Birthplace: Maryland

14. Maiden Name: Gloria Loyd.

15. Birthplace: Maryland.

(a) Informant: Mother

(b) Address: 3101 St Paul St.

16. (a) Burial ✓ (b) Date thereof May 29, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory: Bel Memorial Park
Location: Harford Co. Md.

17. (a) Funeral director: H.D. Bailey

(b) Address: Darlington Md

(Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5. 29 1948 at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5. 25 1948 to 5. 29 1948 and that I last saw h im alive on 5. 29 1948

Immediate cause of death: Meningitis

Due to: Spina Bifida

Due to:

Other Conditions: Cleft palate Mongolian appearance

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Henry B. Wilson M. D.

Address: Church Home + Hospital Date signed 5. 29. 48 ✓

663675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1838

Registered No. 663675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Levindale Home
(b) Street address — Belvedere & Greenspring Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) — 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 2617 Springhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rose Kasoff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex — female
5. Color or race — white
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife — Late Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1868

8. AGE: Years — 80 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace — Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business — None

FATHER
12. Name — Abraham Gilman
13. Birthplace — Russia

MOTHER
14. Maiden Name — Jennie ?
15. Birthplace — Russia

16 (a) Informant — Mrs Jennie Cohen
(b) Address — 2617 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — May 29, 1948 (month) (day) (year)
(c) Cemetery or crematory — New York City
Location — New York City

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124-1126 W North Ave

19 (a) MAY 30 1948 (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH — May 28th 1948 at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1948 to 5/28 1948, and that I last saw h Ex alive on May 28 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions Hipeitis dextra?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — Jerome J. Blumberg M. D.
Address — Levindale Home Date signed — 5/28/48

VS 150

663676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Lee Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Albert C. Jennings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18th 1883

8. AGE: Years 65 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Sanitarian

11. Industry or business Balto. City Schools

12. Name William Lashorne

13. Birthplace Balto. Md.

14. Maiden Name Elizabeth Dumas

15. Birthplace Balto. Md.

(a) Informant Hollis S. Dean wife

(b) Address 3 Alabama Ave. S.E.W.D.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)

(c) Cemetery or crematory Western
Location Balto. Md.

(a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

MAY 30 1948 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 1948, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer, Jr., M.D.
Medical Examiner.
Date signed

663677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Forrest st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carmelo Scilipoti

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-5184

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Maria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1884

8. AGE: Years	Months	Days	If less than one day
63	5	10	hr. min.

9. Birthplace Messina Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
12. Name (Unknown) Scilipoti
13. Birthplace "
14. Maiden Name "
15 Birthplace "
16 (a) Informant.
(b) Address
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/1/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAY 30 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1948, at 6 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1948 to 5/28 1948, and that I last saw h. alive on 5/25 1948.

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Arteriosclerotic C.V. Disease	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Blum M. D.
Address 115 N Calvert Date signed 5/29/48

VS 189

663678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

663678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25th & Lanvale
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore - Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Saint Victor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Moyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Anna Moyer

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Mar. 10th 1893

8. AGE: Years 55 | Months 2 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace West Hazelton Pa. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business Truck Helper

FATHER
12. Name Henry Moyer
13. Birthplace Penna

MOTHER
14. Maiden Name Elizabeth Stein
15. Birthplace Penna.

16 (a) Informant Anna Moyer
(b) Address 3701 St. Victor St. - Brooklyn

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/2/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

MAY 30 1948 (Date received by Registrar) [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/48 19____, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was ~~primary~~ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John Adams M.D.
Medical Examiner.
Date signed 5/28/48

G63679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1862

G63679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ½ Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leah R. Bay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16th 1863

8. AGE: Years: 84 | Months: 9 | Days: 13 | If less than one day: hr. min.

9. Birthplace Ottawa, Canada
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

12. Name (Unknown) Bay

13. Birthplace "

14. Maiden Name "

15. Birthplace "

16 (a) Informant Arthur G. Kendrick

(b) Address 1608 Gail Rd- Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cedar Hill

Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) 6-0 1948 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 12:20 AM

21. I certify that I took charge of the remains described above, held an Inquest & Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Crushed chest
Fractured left hip

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 14/2

(a) Date of injury 5-28-48 at 9:00 P. M.

(b) Where did injury occur? 1708 Eutaw Place

(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no

(d) Means of injury Fell from ~~an~~ [illegible]

23. Signature Earl Penza M.D.
Medical Examiner.

Date signed 5-29-48

VS 151

G63680

BALTIMORE CITY HEALTH DEPARTMENT (Copy) G63680 Registered No.

CERTIFICATE OF DEATH 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 W. Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Clifton Knox.

3 (b) If veteran, name war None. | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Alma Knox.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April, -3-1876.

8. AGE: Years 72 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Brake man - Retired.
11. Industry or business Southern R.R.

FATHER
12. Name Anthony Knox.
13. Birthplace France.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Richmond - Va.

16 (a) Informant Mrs. Alma Knox.
(b) Address 1917 W. Mulberry St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May-31-'48. (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Richmond Va Virginia

18 (a) Funeral director Charles J. Bottwood
(b) Address 3512 Frederick Ave.

19 (a) (Date rec'd by registrar) [illegible]

30 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May-29-1948, at 1.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to 5/29 1948.
and that I last saw him alive on 5/29/48 19
Immediate cause of death Edema of Lungs. — Duration 16 hrs.
Due to Cardiac Failure — 2 wks.
Due to Chronic Valvular heart disease — 30 yrs.
Other Conditions Chr. Nephritis. — 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Geo. C. Wells M. D.
Address 4100 Edmondson Ave Date signed 5/29 1948

92)

663681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

663681
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Clarer St
(c) Hospital or institution:
Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 W. Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** SARAH DASHOFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife DAVID
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 1, 1884

8. AGE: Years	Months	Days	If less than one day
64	2	27	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business

12. Name ~~Dasy~~ MENDEL
13. Birthplace RUSSIA
14. Maiden Name DORF
15. Birthplace RUSSIA

16 (a) Informant PHILLIP DASHOFF
(b) Address 2424 LINDEN AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-30-48 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHIL. RD + HAMILTON AVE
(a) Funeral director JACK LEWIS INC
(b) Address 2100 EUTAW PL
(a) [illegible] 1948 (b) Huntington Williams (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1948 to 5-28 1948 and that I last saw h[illegible] alive on 5/28 1948

Immediate cause of death
General Metastasis
Ca Lung
Due to Adenocarcinoma of ovary
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 204 E. Biddle St Date signed 5/28/48

X

G63682 Soder Chirun G63682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland + Monument
(c) Hospital or institution:
Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Ellamont Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Soder Chirun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state or foreign country)
10. Usual Occupation Mds Agent
11. Industry or business

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Dobie
15. Birthplace Russia

16 (a) Informant Rebecca Katzen
(b) Address 3514 Ellamont Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Mt Carmel

18 (a) Funeral director Jack Rewes, Inc
(b) Address 2106 Eastern Ave

19 (a) (b)
(Date received by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1948 at 10^40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1948 to 5/28 1948 and that I last saw h alive on 5/28 1948

Immediate cause of death	Duration
Cerebral embolus	12 days
Due to Mural thrombi	3 yrs
Due to myocardial damage Coronary Sclerotic Heart Disease	6 yrs
Other Conditions Bronchopneumonia	1 wk

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ken Cohenberg M.D.
M. D.
Address Sinai Hospital Date signed 5/29/48

X

G63683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

G63683

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene St

(c) Hospital or institution: University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6745 Graceland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Summit (ANNA ELIZABETH SWANNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Theodore F. Hudnet

13. Birthplace Penn

14. Maiden Name Mary Elizabeth

15 Birthplace Penn

16 (a) Informant Mrs Melvina Most

(b) Address 6745 Graceland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 206 Eutaw Place

19 (a) Filed (by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29/48 19 , at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29/48 19 to 5/29/48 19 and that I last saw h.. alive on 5/27/48 19

Immediate cause of death	Duration
Cerebral Hemorrhage,	
Due to Fracture sustaining	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. D. Bowers

Address Undertaker Date signed 5/31/48

30 1948

VS 159

G63684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 S. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Weronika (Veronica) Potocki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Stanislaw Potocki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 83 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Joseph Dekowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs. Theresa Pinkowski
(b) Address 928 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Germany Hill Road

18 (a) Funeral director Stephen J. Fiolkowski
(b) Address 1000 S. Ellwood Ave

19 (a) 1948 (b) [illegible] Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1947 to May 29 1948, and that I last saw h[illegible] alive on May 12 1948.

Immediate cause of death	Duration
Myocardial Insufficiency	6 wks
Due to Senanda	
Arteriosclerosis	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1802 Eastern Ave Date signed 5-29-48

663685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

663685

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — 2519 Talbot Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 2519 Talbot Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME — Lillian Nachison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	D

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — June 28, 1902

8. AGE: Years	Months	Days	If less than one day
45	11	1	hr. min.

9. Birthplace — Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business — Merchant

FATHER
12. Name — Louis Breslau
13. Birthplace — Russia

MOTHER
14. Maiden Name — Katie Surie
15 Birthplace — Russia

16 (a) Informant — Isidore Braslau
(b) Address — 4221 Van Ness St N. W.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — May 30, 1948 (month) (day) (year)
(c) Cemetery or crematory — Beth Tfiloh Cemetery
Location — Windsor Mill Road

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124-1126 W North Ave

30 1948 (Date rec'd by registrar) (b)

Kensington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH — 5-29 — 1948, at 4:39 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1948 to 5-29 1948, and that I last saw h[illegible] alive on 5-29 1948.

Immediate cause of death — Coccomatosis — Duration

Due to — Ca of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature — Norman Zunberg M. D.
Address — Sinai Hospt. Date signed 5-29-48

X

663686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

663686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I925 Griffiss Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. I925 Griffiss Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William S Steffan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age 1887

7. Birth date of deceased (mo., day, yr.) Sept 27 - 87

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	8	1		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Engeneer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unkown
15. Birthplace —

16 (a) Informant Martha Steffan
(b) Address I925 Griffiss Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 - 48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director Edward Fowlkes
(b) Address 2559 Bloo

19 (a) MAY 30 1948 (Date filed) (Registrar) (b) Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 4 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/47 19 to 5/28/48 19 and that I last saw him alive on 5/28/48 19

Immediate cause of death	Duration
Cerebral Embolism	
Due to Arteriosclerosis C-V-D	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rossberg M. D.
Address 2411 Wash. Blvd Date signed 5/28/48

G63687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 G63687

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Belair Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Richard Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-8119

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. C. Gertrude Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1894

8. AGE: Years 53 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Pittsburg Pennsylvania
(Town, county and state)

10. Usual Occupation Asst. Supt.

11. Industry or business Eastern Stainless Steel

FATHER
12. Name Samuel Moore
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Ireland

16 (a) Informant Mrs. C. Gertrude Moore
(b) Address 3113 Belair Road

17 (a) Burial (b) Date thereof May 31-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) [illegible] 1948 (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28- 1948, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1947 to May 1948.
and that I last saw h[illegible] alive on 5-27 1948

Immediate cause of death	Duration
Chronic myocarditis	2 yrs
Due to	
Due to	
Other Conditions bronchial asthma	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Dane Moore M.D.

Address 3105 Belair Rd Date signed 5-28-48

VS 150

X

G63688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

✓ G63688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Road
(c) Hospital or institution Harford Convalescent Home 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3632 Elm Avenue
(If no street give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida F. Parker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife James A. Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6-1865

AGE: Years 83 | Months 1 | Days 22 | If less than one day: hr. min.

8. Birthplace Baltimore Co. Maryland
(Town, county, and state)

9. Usual Occupation Housewife

10. Industry or business

11. Name Henry Doublitz

12. Birthplace Maryland

13. Maiden Name Martha E. Marsh

14. Birthplace Maryland

15. (a) Informant Mrs. Grace R. C. Bradford

(b) Address 833 E. 36th St.

16. (a) Burial (b) Date thereof May 31-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Md.

(a) Funeral director Burgee Funeral Home

(b) Address 3231 Falls Road

1948 Date rec'd by registrar Huntington Williams M.D. Registrar.

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 10 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to May 28 1948 and that I last saw her alive on May 28 1948.

Immediate cause of death Carcinoma of Rectum — Duration 3 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence No at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work?
(Specify type of place)
(e) Means of injury No

23. Signature R. A. Lordy M.D.

Address 5106 Harford Rd Date signed 5/29/48
M. D.

G63689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G63689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 East Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Catherine Dawson

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Sept. 19, 1858

AGE: Years	Months	Days	If less than one day
90	8	9	hr. min.

Birthplace Baltimore
(Town, county, and state)
Usual Occupation None
Industry or business

12. Name Daniel Dawson
13 Birthplace Baltimore

14. Maiden Name Mary Crowe
15 Birthplace Baltimore

(a) Informant Mrs. Sanford
(b) Address 2729 N. Charles St

(a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
(a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St
(c) Date received (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1948, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1948, to 5-28 1948 and that I last saw her alive on 5-28 1948

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration 5 Yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. D. Flynn M. D.
Address 1 E. Chase St Date signed 5-29-48

VS 150

G63690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G63690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Aboard M.S.Esso, Philadelphia
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Montgomery,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Jackson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Henson (Thomas J. Henson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Henson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1911

8. AGE: Years 37 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Bristol, Tenn.
(Town, county, and state)

10. Usual Occupation 3rd. Mate

11. Industry or business Steam Ship

12. Name Lee Henson,

13. Birthplace North Carolina,

14. Maiden Name Bertie Gouge,

15. Birthplace Tenn.

16 (a) Informant Standard Oil Co. Records.

(b) Address 12 N. Galvert St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/30/48 (month) (day) (year)

(c) Cemetery or crematory

Location Montgomery W. Va.

(a) Funeral director C. Vernon Lemmon.

(b) Address 4611 Park Heights

(a) Registrar Huntington Williams, MD

May 30 1948 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 6 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Earl L. Royer M.D.
Medical Examiner

Date signed 30 May 48

G63691

BALTIMORE CITY HEALTH DEPARTMENT ✓ G63691
CERTIFICATE OF DEATH 46B
Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 Dolphin St.
(c) Hospital or institution:
17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex 49F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Clarence Thomas

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr) 8-25-1898

8. AGE: Years 49 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business own home

12. Name Thomas Price

13. Birthplace St. Mary's Co. Md

14. Maiden Name Addie Mason

15. Birthplace St. Mary's Co. Md

16 (a) Informant Mrs Evelyn Curtis

(b) Address 727 Dolphin St.

17 (a) Burial (b) Date thereof 5/30/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Cathedral

Location Baltimore Md

(a) Funeral director Wm. Gus. H. Stallard

(b) Address 632 Druid Hill Ave

5/31 1948 (b) Huntington Williams, MD
(Date received by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-1948 to 5-27-1948 and that I last saw her alive on 5-26-1948

Immediate cause of death Carcinoma of stomach liver and entestines — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A Saunders

Address 1029 N. Stricker Date signed 5-29-48
M. D.

X

G63692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

(Registered No.) G63692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 E Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A Hocker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Herbert R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1886

8. AGE: Years 61 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Chambersburg Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Frank H Skinner

13. Birthplace Chambersburg Pa

14. Maiden Name Sally Christmore

15. Birthplace Chambersburg Pa

16 (a) Informant Mrs John Compton

(b) Address 3301 Beverly Rd

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6/1/48 (month) (day) (year)

(c) Cemetery or crematory Cedar Grove

Location Chambersburg Pa

18 (a) Funeral director Wilbur Gordon

(b) Address 1214 E Fayette St

19 (a) Date received 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1948, to 5/28 1948, and that I last saw h[illegible] alive on 5/27 1948.

Immediate cause of death Cardiac Failure

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Hunter

Address 1235 St Paul St Date signed 6/2/48

VS 150

663693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1270 (Registered No. 663693)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital ~~or institution~~ Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE STREEKS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Frederick Streeks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 14th 1890

8. AGE: Years 58 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

12. Name George Sarbacher

13. Birthplace Balto. Md.

14. Maiden Name Fannie Carroll

15 Birthplace Balto. Md.

16 (a) Informant Frederick Streeks

(b) Address 3627 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn

Location Woodlawn Md

(a) Funeral director Wilkens Carter

(b) Address 1214 N Carey

18 (a) (Date received by registrar) Washington Williamsport Md Registrar's

MAY 31 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1948 to 5/29 1948.
and that I last saw her alive on 5/29 1948.

Immediate cause of death Congestive Ht. failure — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Cholangitis

(Include pregnancy within 3 months of death)

Date of operation 5/22/48

Major findings of operation: acute cholecystitis

of autopsy: Cholangitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marvin Shapiro

Address Sinai Hospital Date signed 5/29/48

X

663694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 663694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 S. Rose Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 S. Rose Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELSIE SCHLUETER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John Schlueter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) sept. 18, 1870

8. AGE: Years	Months	Days	If less than one day
77	8	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. John Schlueter
(b) Address 707 (Vansant) Street
Corrected

17 (a) Burial (b) Date thereof 5/31/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Pauls Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE & BROADWAY

MAY 31 1948 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1948 8.20P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to May 27 1948 and that I last saw her alive on May 27 1948.

Immediate cause of death Hypertensive C. V. D.
Auricular fibrillation

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Whitefield F. Williamson M. D.
Address 1116 S. Ellwood Date signed 5/29/48

VS 130

X

G63695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44B

G63695 Registered No. H 5187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County York
(c) City or town Red Lion RD#1 (If outside city or town limits, write RURAL and give town) 10 M.M.
(d) Street No. RD #1 (If rural give location)
(e) Citizen of foreign country? No (~~Yes or~~ No)
If yes, name country

3 (a) **FULL NAME** WARREN Allen Ritz

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~: married

6 (b) Name of husband or wife: Hester Reichard

6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): may 6 1912

8. AGE: Years 35 | Months 0 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: Lower Windsor Twp York county Penn (Town, county, and state)

10. Usual Occupation: Cigar maker

11. Industry or business: K. & R. Cigar Co.

12. Name: Herbert F. Ritz

13. Birthplace: Penn

14. Maiden Name: Daisy Ruby

15. Birthplace: Penn

(a) Informant: wife

(b) Address: Red Lion RD# Penn

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~: Shenkel's Chapel
Location: New Bridgeville, Pa

(a) Funeral director: William J. Tickner & Sons

(b) Address: North & Pennsylvania Aves

31 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH may 29 1948, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from may 8 1948 to may 29 1948, and that I last saw h.i.m. alive on may 29 1948.

Immediate cause of death	Duration
Hodgkins Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Hagan Jr. M. D.

Address Date signed

X

G63696

BALTIMORE CITY HEALTH DEPARTMENT ✓ G63696

CERTIFICATE OF DEATH 48B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 W. SARATOGA ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 W. SARATOGA ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE M. CLICKNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife SAMUEL A. CLICKNER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) AUG. 7, 1871

8. AGE: Years 76 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

12. Name WM. R. RHODES

13. Birthplace BALTO. MD.

14. Maiden Name ANNA CUMMINGS

15. Birthplace BALTO. MD.

16 (a) Informant MR. SAMUEL A. CLICKNER

16 (b) Address 2011 W. SARATOGA ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)

17 (c) Cemetery or crematory LORRAINE

Location BALTO CO. MD.

18 (a) Funeral director WM. T. TICKNER & SONS

18 (b) Address BALTO; MD.

19 (a) Date 1948 (by registrar) (b) Huntington Williams M.D. (registrar)

MEDICAL CERTIFICATION 15

20. DATE OF DEATH 5/26 1948, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1947 to 5/26 1948, and that I last saw h[illegible] alive on 5/25 1948.

	Duration
Immediate cause of death: Congestive Heart Failure	48 hrs.
Due to Myocardial weakness	5 days
Due to Carcinoma Uterus metastasis lymph nodes.	1 yr.
Other Conditions Cachexia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] Jr

Address 1434 Bolton St Date signed 5-28-48 M.D.

VS 150

G63697 ✓ G63697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 GARRISON Blvd
(c) Hospital or institution GARRISON NURSING HOME 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. PAYSON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATIE DOWNS PANCOAST

3 (b) If veteran, name war: No

3 (c) Social Security Account No. ?

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOWED

(b) Name of husband or wife: MILLARD F. PANCOAST

6 (c) If alive, give age years

. Birth date of deceased (mo., day, yr) MARCH 8, 1872

. AGE: Years 76 | Months 2 | Days 20 | If less than one day hr. min.

. Birthplace BALTO., MD.
(Town, county, and state)

0. Usual Occupation Housewife

. Industry or business

12. Name Wm. WHEELER

13. Birthplace Pa.

14. Maiden Name CLEMINTINE BAILEY

15. Birthplace MD.

(a) Informant MR. J. WALTER WHEELER (BROTHER)

(b) Address 5205 TRAMORE RD

(a) BURIAL (b) Date thereof 5/31/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory LONDON PK.

Location BALTO., MD.

(a) Funeral director WM J. TICKNER & SONS

(b) Address 2310 BALTO., MD

(a) (b)
(Signature of Registrar) (Address)

5 31 1948

Certificate received [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1948, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1947 to May 28 1948 and that I last saw h alive on 5/27 1948

Immediate cause of death: Arteriosclerotic Cardiovascular renal vascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Delmore Langlais

Address 402 N. Payson Date signed 5/29/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

X

663698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 663698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 d & Calvert sts
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d
(e) Length of stay in Baltimore (yrs., mos., or days) 22d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Hyattsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Kimberley Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

(a) FULL NAME Blanche Irene Barnes

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

(b) Name of husband or wife Henry T. Barnes

6 (c) If alive, give age 7 years

Birth date of deceased (mo., day, yr.) 2/8/1883

AGE: Years 65 | Months 3 | Days 22 | If less than one day ____ hr. ____ min.

Birthplace Pennsylvania (Town, county, and state)

11. Usual Occupation Housewife
Industry or business

12. Name George Albert Mc Cabe

13. Birthplace Pittsburg, Pa

14. Maiden Name Emma Frances Ruth

15 Birthplace Pittsburg, Pa

(a) Informant Husband

(b) Address Hyattsville, Md

(a) Removal y Burial (b) Date thereof June 1-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Jeannette
Location Jeannette, Pennsylvania

(a) Funeral director Burdee Funeral Home

(b) Address 3631 Falls Road

JUL 1948 Huntington Williams
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/48 19 ..., at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9/48 19 to 5/30/48 19 .
and that I last saw h— alive on 5/30/48 19

Immediate cause of death	Duration
Generalized carcinomatosis	1 month
Due to Primary cancer - Carcinoma of Left Breast	3 yrs.
Due to	
Other Conditions arteriosclerotic Heart Disease	? yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jay M. Fox M.D.
Address Union Memorial Hosp. Date signed 5/31/48 M.D.

X

AB- 104682 G63699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G63699 Registered No. 838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Orlando Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Donald ~~Jacob~~ Hawkins

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. 198-05-1857-A

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife: Louise ~~Antinour~~ Finch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16- 1873

8. AGE: Years 74 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

12. Name John Hawkins
13. Birthplace Maryland
14. Maiden Name Mary ? Jacobs
15. Birthplace Maryland

(a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

(a) burial (Burial, cremation, or removal) (b) Date thereof 5/31/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.
(a) Funeral director Lasseter Funeral Home.
(b) Address 7401 Belair Rd.
31 1948 [illegible] Registrar
Date rec'd by reg.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29- 1948, at 1.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21- 1946 to 5-29- 1948
and that I last saw him alive on 5-29- 1948

Immediate cause of death: Bronchopneumonia organica
Duration: 1-2 days
Due to: Cerebral Thrombosis
Duration: 3 yrs 1/2 days
Due to: Hypertension & Vascular disease
Duration: 3-4 yrs
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence Lee Jr — M. D.
Address Baltimore City Hosp Date signed 5-29-48

X

G63700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G63700 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or townlimits, write RURAL and give town)

(d) Street No. 2501 Gibbons Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Meyer, Sr.

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Estella nee Sprow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1886

AGE: Years 61 | Months 5 | Days 4 | If less than one day: hr. min.

8. Birthplace Balto Md.
(Town, county, and state)

9. Usual Occupation Salesman

10. Industry or business

12. Name Edward A Meyer

13. Birthplace Balto - Md.

14. Maiden Name Unknown

15 Birthplace

(a) Informant Estella Meyer

(b) Address 2501 Gibbons Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 3 / 48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave

(a) Funeral director Leonard J. Ruck

(b) Address 5305 Harford Rd

(a) 31 1948 (Date rec'd by registrar) (b) Registrar

Turlington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 May 1948, at 5:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30-1948 to 5-30 1948, and that I last saw her alive on 5-30 1948.

Immediate cause of death	Duration
Cardiac & Resp Failure	
Due to: Intra cerebral &	
Due to: Intra Ventricular Hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Hampton

Address University Hosp Balto. Md. Date signed 5-30-48 M. D.

X

G63701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G63701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS JENNIE UTHAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isadore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Nathan

13. Birthplace Russia

14. Maiden Name Baila

15 Birthplace Russia

16 (a) Informant Isadore Uthman

(b) Address 1640 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Rd Hamilton Ave

(a) Funeral director Jack Lewis Inc

(b) Address 760 Eutaw Place

(c) Filed by registrar (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1948 to 5-30 1948 and that I last saw h.er alive on May 29 1948.

Immediate cause of death Carcinomatosis. Primary - Ca Breast with Extensive Metastases to Bone — Duration

Due to — Duration

Due to — Duration

Other Conditions Partial Atelectasis of Lungs — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allan J Wolinsky M. D.

Address Sinai Hosp Date signed 5-31-48

VS 150

X

G63702 BALTIMORE CITY HEALTH DEPARTMENT ✓ G63702

CERTIFICATE OF DEATH 56B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1243 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Mursion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-09

8. AGE: Years 38 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Mack Mursion

13. Birthplace N.C.

14. Maiden Name Mary Turner

15. Birthplace N.C.

16 (a) Informant

(b) Address

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 5-31-48 (month) (day) (year)

(c) Cemetery or crematory Rocky Mount

Location N. Carolina

18 (a) Funeral director Rayner Sanders

(b) Address 1411 E. Preston St

31 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-48 at 10:20 P

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1948 to 5-27 1948 and that I last saw her alive on 5-27-1948

Immediate cause of death: pulmonary infarction — Duration

Due to: pulmonary embolus postoperative

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-18-48

Major findings of operation: Myoma uteri, bilateral inflammatory masses of adnexa

Date of autopsy: None granted

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Jane Shepherd M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 5-29-48

G63763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G63703 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 E. 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 E. 23rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie Herrin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Adolphus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 - 1896

8. AGE: Years 51 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Robert Henderson
13. Birthplace Va

MOTHER
14. Maiden Name Alice Reed
15. Birthplace Va

16 (a) Informant Mrs Jessie Harris
(b) Address 306 E 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore

18 (a) Funeral director Lapner Sanders
(b) Address 1412 E Preston St

19 (a) MAY 31 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1948 to May 28 1948 and that I last saw h[illegible] alive on May 28 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 Ds
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm O Jelleff M. D.
Address 2029 Guilford Ave Date signed May 28 1948

V S 150

G63704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G63704

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Valley St.
(c) Hospital or institution:
Home for the Aged Rm 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Mattingly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1856

8. AGE: Years 91 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Adam Mattingly

13. Birthplace

14. Maiden Name Emily Lasal

15 Birthplace

(a) Informant Gill Hall Jr. Res Phy

(b) Address 120 Valley St

(a) Burial (b) Date thereof May 31. 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

(a) Funeral director Rita Wiedefeld

(b) Address 900 East Biddle St

(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1948, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1 1948 to May 28 1948, and that I last saw her alive on May 28 1948.

Immediate cause of death	Duration
Edema Lungs	2 days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions Arterio Sclerosis	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M.D.

Address 1631 E Madison Date signed 5/31/48

G63705 X ✓ G63705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Wilkens Ave
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Leverings Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Wm F. Cochrane (William Fennell Cochrane)

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Margurite Galloway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7-20-1883

AGE: Years 64 | Months 10 | Days 9 | If less than one day hr. min.

8. Birthplace Nova Scotia (Town, county, and state)

9. Usual Occupation B & O RR

10. Industry or business Chief Clerk

12. Name John Cochrane

13. Birthplace Nova Scotia

14. Maiden Name Catherine

15. Birthplace Nova Scotia

(a) Informant Mrs. Margurite Galloway Cochrane

(b) Address 1723 Leverings Ave. Elkridge Md.

(a) Burial (b) Date thereof June, 2 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

(a) Funeral director Phillips Lamonaco

(b) Address 4810 Liberty Heights Ave.

31 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1948 at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/28 1948 to 6/29 1948 and that I last saw him alive on 5/29 1948

Immediate cause of death Cardiac failure Duration
Cerebral vascular accident
Due to Arteriosclerosis
Due to Hemiplegia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D W Mintz M.D.
Address Stagnes Date signed 5/30/48

VS 153

G63706 ✓ G63706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore - 27
(If outside city or town limits, write RURAL and give town)
#3401 Benson Ave 3401 Benson Ave.
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Farrell ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single.

(b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/10/1866

AGE: Years 82 | Months 3 | Days 18 | If less than one day ____ hr. ____ min.

8. Birthplace Baltimore Md
(town, county, and state)

9. Usual Occupation Retired

10. Industry or business

11. Name of father Deceased - John Farrell

12. Birthplace of father Ireland

13. Maiden Name of mother Deceased - Mary Murphy

14. Birthplace of mother Ireland

15. (a) Informant Mrs. Mary Pundt

(b) Address 3405 Benson Ave.

16. (a) Burial (b) Date thereof June 1, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location Baltimore, Md.

17. (a) Funeral director Miller & Lamborn

(b) Address 4510 Liberty Heights Ave.

(a) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1948 at 8-15 P. M. ✓

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18 1948 to 5/28 1948 and that I last saw him alive on 5/28 1948.

Immediate cause of death Bronchopneumonia — Duration approx 3 wks.

Due to —

Due to —

Other Conditions Adenocarcinoma of prostate

(Include pregnancy within 3 months of death)

Date of operation 3/20/48

Major findings of operation: Adenocarcinoma of prostate

of autopsy: None performed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Hubert L. Lincks

Address St Agnes Hosp. Date signed 5/28/48 ✓

LS 150

G63707 BALTIMORE CITY HEALTH DEPARTMENT ✓ G63707
CERTIFICATE OF DEATH 44 B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5703 Carter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5703 Carter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME John Theodore Wiedenhoft

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2952

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Jan 26 190[illegible]

8. AGE: Years 41 | Months 4 | Days 3 | If less than one day — hr. — min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business John D Lucas

MOTHER'S MAIDEN NAME

12. Name August

13. Birthplace Germany

14. Maiden Name Mary Strimba

15. Birthplace Germany

16 (a) Informant Mrs Ruth Wiedenhoft

(b) Address 5703 Carter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Mar 1, 48

(c) Cemetery or crematory Maryland Memorial

Location Taylor Ave

18 (a) Funeral director L. Heermann & Son

(b) Address 6067 HARFORD ROAD

19 (a) [illegible] (Registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 May 1948, at 9 24/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1946 to 28 May 1948, and that I last saw him alive on 25 May 1948.

Immediate cause of death: Heart Failure
Malnutrition
Due to: Hodgkins Disease

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 3 days; 3 Mos.; 1945

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature William L. Fearn M.D.

Address 3025 Belair Rd Date signed 5-29-48

VS 150

X

G63708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1649

Registered No. G63708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland West Balto. Gen. Hosp.
(b) Street address
(c) Hospital or institution: 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Woodland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Norman N. Canong (Norman N. Canong)

(b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

(b) Name of husband or wife Florence Canong

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) Feb. 3, 1903

AGE: Years	Months	Days	If less than one day
45	3	27	hr. min.

Birthplace Canada
(Town, county, and state)

Usual Occupation Cheese Mfr.
Industry or business Dairy

12. Name Allen Canong.
13. Birthplace Canada.
14. Maiden Name Clara Rickertson.
15. Birthplace Canada.

(a) Informant Mrs. Florence Canong.
(b) Address 2916 Woodland Ave.

(a) Burial (b) Date thereof 6/1/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. John's Cem.
Location New Baltimore, Penna.

(a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

(a) 1 1948 (b)
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1948 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to Sudden death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cause Respiratory failure

Due to Shock - Burns 2nd & 3rd degree 90% body surface;

Other Conditions Depression of nervous system due to burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-31 at 1:20 P.M.
(b) Where did injury occur? New Cottage Cemetery
(c) Did injury occur at home, on farm, industrial place, in public place? Cemetery While at work? No
(d) Means of injury Gasoline burned self & P.

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 6-3-48

VS 191

G63709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G63709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 S. Chester St
(c) Hospital or institution: 1-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Valentine M. Glodek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jenny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6-1879

8. AGE: Years	Months	Days	If less than one day
69	4	22	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Martin Glodek
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Jenny Glodek
(b) Address 5 S. Chester Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) Date received MAY 31 1948 (b) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1948 to May 28 1948 and that I last saw h[illegible] alive on May 28 1948.

Immediate cause of death CORONARY OCCLUSION — Duration 5/28/48

Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration ???

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Fr Arenga M. D.
Address 209 Chester St. Date signed 5/28/48

G63710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G63710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1642 Light Street
(c) Hospital or institution: 23-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 Light Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET SCHROTH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/1857

8. AGE: Years	Months	Days	If less than one day
90	10	20	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER, FATHER

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant Family

(b) Address Same

17 (a) B (b) Date thereof 6/1/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn, Md.

18 (a) Funeral director James L. McCarney

(b) Address 130 East Fort Avenue

(a) Rec'd by registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1947 to May 29 1948 and that I last saw h alive on May 25 1948

Immediate cause of death: Exhaustion — Duration: 3 days

Due to: Arteriosclerosis — Duration: 5 Years

Due to: Cerebral Hemorrhage

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. H. Campbell

Address 644 Hanover Date signed 5/29/48

G63711 PICK ✓ G63711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 N Patterson Park Ave
(c) Hospital or institution:
8-0 W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Dorathea V. Pick

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, ~~widowed~~, or ~~divorced~~. Married

(b) Name of husband or wife Lehman C. Pick Sr.

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) July 3rd 1873

AGE: Years	Months	Days	If less than one day
75	10	26	hr. min.

Birthplace Md (Town, county, and state)

7. Usual Occupation Housewife

8. Industry or business

12. Name John J. Wright

13. Birthplace England

14. Maiden Name Katherina Schaffeld

15. Birthplace Germany

(a) Informant Mr. Lehman Pick Sr.

(b) Address 1709 N. Patterson Park Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1948 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

(a) Funeral director Leo G. Brook

(b) Address 1701-03 N. Patterson Park

(c) Date received by registrar 5-31-1948 Huntington Williams Registrar

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1947 to May 29 1948. and that I last saw her alive on May 28 1948.

Immediate cause of death	Duration
Congestive Heart Failure	1 day
Due to Chronic Myocarditis	9 years
Due to Arteriosclerosis	9 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Daunch M. D.

Address 1 W. Preston Ave Date signed 5/29/48

X

G63712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 No. Pearl Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 No. Pearl Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Rahe

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 579-22-2182

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1889

8. AGE: Years 58 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business H.E. Crook Co.

12. Name Charles M. Rahe

13. Birthplace Germany

14. Maiden Name Mary Elizabeth Bock

15 Birthplace Maryland

(a) Informant Mrs. Mary E. Rahe

(b) Address 117 N. Pearl Street

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)

(c) Cemetery or crematory St. John's Cem.
Location Baltimore, Md.

(a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul Street

(c) [redacted] (registrar) (b) [redacted] registrar

Courtesy for Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1948, at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1948, to 5/30 1948, and that I last saw him alive on 5/26 1948.

Immediate cause of death: Congestive heart failure — Duration: 1 months

Due to: Hypertensive cardio-vascular disease — Duration: 2

Due to

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Levicoff, M.D.

Address 1116 Hanover St. Date signed 6/1/48

VS 150

3713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. G63713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Elrino St
(c) Hospital or institution: Y6-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Elrino St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wawrzyniec Lawrence Kasuira

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Cabnetmaker

11. Industry or business

MOTHER'S FATHER'S

12. Name Ignatious Kasiura

13. Birthplace Poland

14. Maiden Name Grabarczyk

15. Birthplace Poland

16 (a) Informant Msr. Mary Kasiura

(b) Address 405 S. Elrino St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1./48 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W Ozarowski

(b) Address 1930 Eastern Ave.

JUN 1 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1947 to 5/28 1948 and that I last saw [illegible] alive on 5/21 1948

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Carcinomatosis	
Due to Spine + Femur	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 19 47

Major findings of operation: Hy Bern Pneumonia

of autopsy: [illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.

Address 613 [illegible] Date signed 6/1/48

VS 150

3714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X / 14

G63714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Wash. (If outside city or town limits, write RURAL and give town)
(d) Street No. 15th & M. N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Arthur Donnelly Jr.

(b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male 5 Color or race Colored 6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) 3-4-18

AGE: Years 30 Months 2 Days 26 If less than one day hr. min.

Birthplace D.C. (Town, county, and state)

Usual Occupation

Industry or business

12. Name Arthur Donnelly Sr.

13. Birthplace D.C.

14. Maiden Name Sadie Dees

15 Birthplace D.C.

(a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

(a) Funeral director Malone & Schey Inc.

(b) Address JOHNS HOPKINS HOSPITAL 424 Pa. Ave. N.W.

JUN 1 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30-1948, at 6:08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1948, to 5-30 1948 and that I last saw him alive on 5-30-1948

Immediate cause of death	Duration
TUBERCULOMA, LEFT PARIETAL LOBE OF BRAIN	6 weeks
Due to GENERALIZED TUBERCULOSIS	1 YEAR
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation MAY 30, 1948

Major findings of operation: NONE - ONLY VENTRICULAR TAP WAS DONE

of autopsy: TUBERCULOSIS OF BRAIN, HEART, MESENTERIC LYMPH NODES

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert F. Green M. D.
JOHNS HOPKINS HOSPITAL
Address Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

X

63715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 63715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 S. MACON ST.
(c) Hospital or institution: 26-07
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. MACON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK J. HERGEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-1852

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife MARY M. HERGEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-1878.

8. AGE: Years 69 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county and state)

10. Usual Occupation GUARD

11. Industry or business REVERE BRASS & COPPER

12. Name UNKNOWN

13. Birthplace BALTIMORE, MD.

14. Maiden Name ANNA HERGEL

15. Birthplace BALTIMORE,

(a) Informant HARRY B. FISHER

(b) Address FIRST NATIONAL BANK.

16. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-48. (month) (day) (year)

(c) Cemetery or crematory OAK LAWN CEM.

Location 7225 EASTERN AVE.

17. (a) Funeral director Charles S. Feiler.

(b) Address 901 S. CONKLING ST.

18. (a) JUN 1 1948 (Date rec'd by registrar) (b) Funeral Director's Signature

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 29, 1948, at 10.39 A.M.,

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to 3/3 1948 and that I last saw him alive on May 24 1948.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions H.C.V.D. Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 4613 Eastern Ave. Date signed 6/1/48

94a

G63716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83a

Registered No. G63716

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4700 Harford Road

(c) Hospital or institution: Irv 04

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 349 East 21st. Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Annie Belle Wilson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife William F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 6, 1873

AGE: Years 74 | Months 10 | Days 23 | If less than one day hr. min.

8. Birthplace Raleigh N.C.

(Town, county, and state)

9. Usual Occupation Housewife

10. Industry or business

12. Name Henry Emery

13. Birthplace N. Car.

14. Maiden Name Martha ?

15. Birthplace N. Car.

(a) Informant Bernard Wilson

(b) Address 2304 Southern Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Md.

(a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul Street

JUN 1 1948 (Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1947 to May 29 1948 and that I last saw her alive on May 29 1948.

	Duration
Immediate cause of death Subarachnoid hemorrhage	1 mon
Due to Artero sclerosis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature H. G. Todd

Address 2108 St Paul St (Date signed) 5/31/48

3717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Barclay St
(c) Hospital or institution: 17-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Pugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Bertha B. Pugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1878

8. AGE: Years	Months	Days	If less than one day
69	7	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired - Carpenter
11. Industry or business

12. Name Joseph A. Pugh
13. Birthplace Virginia
14. Maiden Name Martha Hepper
15 Birthplace Virginia

16 (a) Informant Arthur G. Pugh
(b) Address 2106 Barclay St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory Walnut
Location Augusta West Virginia

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

JUN 1 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to May 31 1948
and that I last saw h[illegible] alive on May 31 1948

Immediate cause of death	Duration
Chronic Myocarditis	Unknown
c. Hypertensional insufficiency	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas. K. Goodbody M. D.
Address 2923 St. Paul St Date signed 5/31/48

63718

HEALTH DEPARTMENT—CITY OF BALTIMORE

63718

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH ✓ 5-01 Edgewood Nursing Home

CITY OF BALTIMORE: (No. 6000 Bellona Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen C. Franz

If U. S. Veteran specify WAR

(a) Residence: No. 3418 Wilkens Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — (or) WIFE of: Joseph H. Franz

7. DATE OF BIRTH (month, day, year): Mar 21 1877

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Berlin Md.

13. NAME: Albert Heinecke

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Heim

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Robert Truett

(Address) 3418 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 6/3 19 48

19. UNDERTAKER: William Cook Inc.

(Address) 1217 St. Paul St.

FILED JUN 1 1948 Kathryn Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31 - 1948

22. I HEREBY CERTIFY, That I attended deceased from May 09 1948 to May 31 1948

I last saw h.. alive on May 31 1948 Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	3 days
Other contributory causes of importance: Diabetes Mellitus	many yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Richardson M. D.

(Address) 1120 Cathedral St

3719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

Registered No. 663719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 9-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 1/2 E. 31st Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony WATKINS, Jr.

(b) If veteran, name war | (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) 10-17-08

AGE: Years 39 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

Birthplace Baltimore (Town, county, and state)

Usual Occupation Printer

Industry or business

12. Name Anthony A. Watkins Sr.

13. Birthplace Maryland

14. Maiden Name Margaret McDonough

15. Birthplace Maryland

(a) Informant Mrs. Anthony A. Watkins Sr.

(b) Address 1914½ E. 31st St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Fredrick Rd.

(a) Funeral director John A. Morgan

(b) Address 3062 E. Balt. St.

11 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1948, at 6:05AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1948 to 5-29 1948, and that I last saw him alive on 5-30 1948.

Immediate cause of death	Duration
Cardio-Resp. failure	
gen'l Toxemia	
Due to Peritonitis general	
Due to Int. Obstruction	
Other Conditions Gangrene Gall Bladder	
Cerrhosis	
(Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation: Gangrene Gall Bladder

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B. Wills M.D.

Address St. Joseph's Hosp. Date signed 5/30/48 M.D.

VS 150

3720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 410 N. Bruce St.
(c) Hospital or institution: 19-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Adams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Howard County Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Moze Adams
13. Birthplace Unknown

MOTHER
14. Maiden Name Lizzie Collins
15. Birthplace Howard Co. Md.

16 (a) Informant Nellie Smith
(b) Address 1810 Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Mount St.

JUN 1 1948 Huntington Williams (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/48 19 , at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4/48 19 , to 5/28 19 48; and that I last saw alive on 5/26 19 48.

Immediate cause of death
Myocarditis
Due to
Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1021 Edmondson Ave. Date signed 5/28/48

VS 150

3721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146F

Registered No. G63721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey St.
(c) Hospital or institution: Good Samaritan Home 23.01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Clarkson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Blum

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-10-0241

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Tatiana Blum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1876

8. AGE: Years 71 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Revere Copper Works

FATHER
12. Name Jacob Blum
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Fritz
15. Birthplace Germany

16 (a) Informant Henry G. Blum
(b) Address 711 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Mrs. John W. Teufel & Son
(b) Address 5311 Edmondson Ave.

19 JUN 1 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1948 to May 29 1948 and that I last saw h alive on 29

Immediate cause of death: Carcinoma of Liver — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stella Imperia M. D.
Address 27 North Carey St Date signed May 29 1948

VS 150

3722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G63722

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert St.

(c) Hospital or institution: Mercy 17 ward

(d) Length of stay in hospital or inst. (yrs., mos., or days) 89 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1146 Shields St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Janie Gray

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W

(b) Name of husband or wife ?

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) Mar 20 1884

AGE: Years 64 | Months 1 | Days 28 | If less than one day min.

Birthplace Baltimore County
(Town, county, and state)

Usual Occupation none

Industry or business

12. Name ?

13. Birthplace

14. Maiden Name ?

15. Birthplace

(a) Informant Patient's Grandson.

(b) Address 1146 Shields Place

(a) Burial (b) Date thereof June 4-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West Port

(a) Funeral director Va Brooks

(b) Address 1463 N. Carey St.

(c) Filed by registrar (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1948 at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1948 to May 28 1948 and that I last saw h[illegible] alive on May 28 1948.

Immediate cause of death Cardiac failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Lewis M. Brennan

Address Mercy Hosp. Date signed 5/28/48

VS 150

X

3723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63723

170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Thistlebloom Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Olivia Willis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo. C. Willis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1917

8. AGE: Years 30 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

12. Name Arthur W. Nelson

13. Birthplace Balto Md

14. Maiden Name Lynn Blanton Nelson

15. Birthplace Md

16 (a) Informant Mrs Lynn C. Nelson

(b) Address 2108 Thistlebloom ave

17 (a) Burial (b) Date thereof June 1 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park.

Location Baltimore Md

(a) Funeral director Geo. R. Bleyer Jr

(b) Address 15½ Hollins St

(a) JUN 1 1948 Huntington Williams Mgr
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 12:10 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull, Multiple lacerations, Brain burns and bruises.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-29-48 at 12:10 A.M.
(b) Where did injury occur? St. Agnes Lane & Edmondson
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? No
(d) Means of injury auto - auto collision

23. Signature Howard J. Masters M.D.
Medical Examiner.
Date signed 5-29-48

VS 181

3724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 63724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 N. Calvert St.,
(c) Hospital or institution: 11-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 N. Calvert St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie E. Bealmear

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Herman Bealmear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25. 1863

8. AGE: Years	Months	Days	If less than one day
84	8	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name William F. Wood
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Brewer
15. Birthplace Maryland

16 (a) Informant Mr Frederick L. Norman
(b) Address 4126 Forest Park Ave, Balto,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/1948 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem,
Location Baltimore, Maryland

18 (a) Funeral director Howard A. Gill
(b) Address Pocomoke City, Maryland

JUN 1 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948 at 9 15A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to May 30 1948.
and that I last saw h alive on May 30 1948

Immediate cause of death	Duration
Anaemia due	
to Hypertension	
Due to Cardiac arrest	
during surgery	
Due to and arteriosclerosis	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Bryerly M. D.
Address 3033 W. North Ave Date signed 6/1/48

X

3725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Reference No. 63725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 HARLEM AVE
(c) Hospital or institution: 16-04

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 HARLEM AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE W. WOODWARD

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 217-16-1221
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: ANNA WOODWARD
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): APR. 27 - 1882
8. AGE: Years: 66 Months: 1 Days: 2 If less than one day: hr. min.
9. Birthplace: BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation: GASOLINE ATTENDANT
11. Industry or business: SHERWOOD
12. Name of father: THOMAS E. WOODWARD
13. Birthplace: BALTO, MD.
14. Maiden Name of mother: NETTIE HENNINGER
15. Birthplace: BALTO, MD.
16 (a) Informant: MRS. ANNA WOODWARD
16 (b) Address: 2016 HARLEM AVE
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)
17 (c) Cemetery or crematory: WESTERN
Location: BALTO, MD.
18 (a) Funeral director: WM. F. TURNER & SONS
18 (b) Address: BALTO, MD.
19 (a) JUN 1 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1948 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 20 May 1948, to 29 May 1948, and that I last saw him alive on 29 May 1948.

	Duration
Immediate cause of death: Cardiac failure	10 days
Due to Hypertension and arteriosclerotic cardiovascular disease	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Emil H. Henning Jr. M. D.
Address 4580 Edmondson Ave Date signed 31 May 48

VS 153

63726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G63726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen. Hosp. 1303
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 West North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie B. Franklin

3 (b) If veteran, name war None | 3 (c) Social Security Acc No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife BENJAMIN FRANKLIN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUL. 20, 1903

8. AGE: Years 44 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business -

12. Name UNKNOWN

13. Birthplace "

14. Maiden Name "

15. Birthplace "

(a) Informant MR. CHARLES E. FRANKLIN

(b) Address 1314 W. NORTH AVE

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)

(c) Cemetery or crematory WESTERN

Location BALTO. MD.

(a) Funeral director WM. T. TICKNER & SON (b) Address BALTO. MD.

JUN 1 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 4:07 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary artery disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earle Royer M.D. Medical Examiner.
Date signed 5-31-48

X

727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. G63727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. CURLEY ST 6-01
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. CURLEY ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** MARY CATHERINE ELKINS

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HERBERT A. ELKINS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUL 6, 1887

8. AGE: Years: 60 | Months: 10 | Days: 24 | If less than one day: hr. min.

9. Birthplace: BALTO. MD.
(Town, county, and state)

10. Usual Occupation: HOUSEWIFE

11. Industry or business: —

FATHER

12. Name: HENRY GREENLOW

13. Birthplace: BALTO. MD.

MOTHER

14. Maiden Name: MARY MULCRONE

15. Birthplace: ELKRIDGE LANDING, MD.

16 (a) Informant: HERBERT H. ELKINS

(b) Address: 8 N. CURLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6/2/48 (month) (day) (year)

(c) Cemetery or crematory: PARKWOOD

Location: BALTO CO. MD.

18 (a) Funeral director: WM J. TICKNER & SONS

(b) Address: BALTO. MD.

19 (a) [illegible] 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1948, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to May 30 1948, and that I last saw h[illegible] alive on May 30 1948

Immediate cause of death: cerebral thrombosis — Duration: 2 hours.

Due to: chronic myocarditis

Due to: arteriosclerosis

Other Condition: atelectasis of right lung.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Gherth Mortimer Jr M. D.

Address: 2206 St Paul St Date signed: 5/31/48

X

8728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2369 McCulloh St.
(c) Hospital or institution: 13-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2369 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1887

8. AGE: Years 67 | Months - | Days 27 | If less than one day hr. min.

9. Birthplace Harpers Ferry, W. Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name George Weaver

13. Birthplace West Virginia

14. Maiden Name Workman

15. Birthplace

16 (a) Informant Mrs. Julia Figgs Gaynor

(b) Address 2369 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1937 (month) (day) (year)

(c) Cemetery or crematory Family Lot

Location Harpers Ferry, W. Va

(a) Funeral director Wm. Geo. H. Kilmon

(b) Address 1631 Druid Hill Ave

18 (a) 1 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29- 1948, at 10 A.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Frank Ryan M.D.
Medical Examiner.
Date signed

63729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G63729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital 4403
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 E West Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country.....

(a) **FULL NAME** Father Thomas J. Crowley

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single (priest)

(b) Name of husband or wife.....

6 (c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) DEC 22 1898

AGE: Years 49 | Months 5 | Days 9 | If less than one day ..... hr. ..... min.

Birthplace Washington D.C.
(town, county, and state)

11. Usual Occupation priest-asst. pastor
Industry or business

12. Name James J. Crowley

13. Birthplace Grafton, W. Va.

14. Maiden Name Catherine Clancy

15. Birthplace Washington D.C.

(a) Informant Catherine Crowley.

(b) Address 3220-17th ST. N.W. WASH D.C.

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 3-48 (month) (day) (year)

(c) Cemetery or crematory HOLY ROOD CEM

Location WASHINGTON D C

(a) Funeral director Bernard C Harlz

(b) Address 121 E. West St.

JUN 1 1948 (Date received by registrar) Huntington Williams M.D. Registrar

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/48 1948 at 1 Lo A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to May 31 1948, and that I last saw him alive on May 31 1948.

	Duration
Immediate cause of death: cerebro vascular accident	
Due to: essential hyper tension	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury.....

23. Signature L. B. Scott M.D.

Address Mercy Hospital Date signed 5/31/48 M. D.

3730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 97

663730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 757 Ramsey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Yuskauskas / Yuskauskas ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years: 53 | Months | Days | If less than one day: hr. min.

9. Birthplace: Lith. (Town, county, and state)

10. Usual Occupation: Tailor

11. Industry or business: ? (Yuskauskas)

FATHER
12. Name: ? (Yuskauskas)
13. Birthplace: Lith.

MOTHER
14. Maiden Name: ?
15. Birthplace: Lith

16 (a) Informant: Mr. B. Matheiwitch
(b) Address: 757 Ramsey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 1-1948 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Baltimore Md

18 (a) Funeral director: Joseph Kasmyskas Jr.
(b) Address: 60[illegible] Washington Blvd

19 (a) JUN 1 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29-48 19 at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1948 to 5-29-48 19, and that I last saw h[illegible] alive on 5-29-48 19

Immediate cause of death: Terminal pneumonia — Duration

Due to:

Due to:

Other Conditions: Cardiac Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: D. M. Cavage M. D.
Address 1213 Light St. Date signed 6-1 48

VS 150

111c

3731 X G63731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St.
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Dale Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country.

3 (a) FULL NAME Jacob Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-0894

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife Elizabeth B. Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23-1853

8. AGE: Years 65 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Marshall Edwards
FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Blanche Darcy
MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Russell Davis (Son-in-Law)
(b) Address 302 Dale Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Lazarah Funeral Home
(b) Address 7401 Belair Rd.

JUN 1 1948 (Date rec'd by registrar) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948 at 7 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1948, to May 31 1948 and that I last saw him alive on May 31 1948.

Immediate cause of death Coronary occlusion — Duration

Due to Generalized arteriosclerosis, severe

Due to

Other Conditions Prostatic calculi & Urethro-rectal fistula
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Benson Schrock M. D.
Address Franklin Sq. Hospital Date signed 5-31-48

X Schrock

3732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G63732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 8-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 E. Biddle St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No).
If yes, name country.....

3 (a) FULL NAME Daisy PAGE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/8/888

8. AGE: Years 60 | Months 2 | Days 19 | If less than one day .....hr. .....min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

12. Name Joseph Mitchel

13. Birthplace Va

14. Maiden Name Bell Coffee

15. Birthplace Va

16 (a) Informant Christopher Henry

16 (b) Address 614 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)

17 (c) Cemetery or crematory Mt Auburn

Location Balto Md

17 (a) Funeral director Wm A Jackson

17 (b) Address 916 Penna Ave

IN 1 1948 (Date received) Huntington Williams, M.D. (Registrar)

VS 151 ...

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 12 30 PM

21. I certify that I took charge of the remains described above, held an Inspection and Exg (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at ..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature George G. Merrill M.D. (Medical Examiner.)

Date signed 5/27/48

X

3733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Liberty Heights Ave
(c) Hospital or institution: 15 05
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Liberty Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis X. Shearer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Winifred H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 7th 1880

8. AGE: Years 68 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Washington DC (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Fairfield Beth. Shipyard

12. Name James Shearer

13. Birthplace Scotland

14. Maiden Name Ellen Mc. Grath

15. Birthplace Ireland

16 (a) Informant Mrs Winifred H. Shearer

16 (b) Address 3613 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 | 2 | 48 (month) (day) (year)

17 (c) Cemetery or crematory New Cathedral Cem.
Location 4200 Old Frederick Rd

18 (a) Funeral director John F. Cowan & Son

18 (b) Address 901-03 Hollins St

19 (a) JUN 1 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1948, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1948 to May 1948 and that I last saw him alive on May 24 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Generalized arteriosclerosis - Cardiac insufficiency	
Due to	
Other conditions Chronic prostatitis Asthma Bronchitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2302 Tucker Place Date signed 5 31 48

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 150

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3734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. 663734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave
(c) Hospital or institution: Levindale old aged home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 03
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ?
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 W Dalto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Luba Goldberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Paul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years: 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name not known
13. Birthplace Russia

MOTHER
14. Maiden Name not known
15. Birthplace Russia

16 (a) Informant Julius Goldberg
(b) Address 1425 W Dalto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2105 Eutaw Place

19 JUN 1 1948 (Date rec'd by Registrar) (c) Huntington Williams Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1948, at 7:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1948 to 5/31 1948, and that I last saw her alive on 5/31 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions Right hemiplegia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome J. Blumberg M. D.
Address Levindale Home Date signed 5/31/48

VS 150

3735

45-3684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

116

663735

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town LIMA
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Peru

(a) FULL NAME Herman Moser

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife Rita Moser

6 (c) If alive, give age 40 years

Birth date of deceased (mo., day, yr.) 2-27-98

AGE: Years	Months	Days	If less than one day
50	3	2	hr. min.

Birthplace Switzerland (Town, county, and state)

Usual Occupation

Industry or business

12. Name Jakoco Moser

13. Birthplace Switzerland

14. Maiden Name Katalibe Luthold

15 Birthplace Switzerland

(a) Informant records

(b) Address

(a) Cremation (b) Date thereof June 1 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

(a) Funeral director Ulbut Funeral Home

(b) Address [illegible]

JUN 1 1948 (b) Huntington Williamsport
(Date rec'd by registrar)

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 - 1948 at 11 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8- 1948 to 5-29- 1948 and that I last saw him alive on 5-29- 1948.

Immediate cause of death	Duration
Pulmonary embolus	
Due to Poor operative debility	
Due to Achalasia of esophagus	20 yrs
Other Conditions Cardiac failure	

(Include pregnancy within 3 months of death)

Date of operation 3-12-48, 4-15-48, 5-21-48

Major findings of operation:

of autopsy: Pulmonary embolus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard D. Bush M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

3736 AB- 117916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

G63736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 1-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 251 S. Maderia St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Grasser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18- 1905

8. AGE: Years 42 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

12. Name Fraves Grasser

13. Birthplace Maryland

14. Maiden Name Mary Bailey

15. Birthplace Maryland

16 (a) Informant Records-Baltimore City Hospitals

16 (b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/48 (month) (day) (year)

17 (c) Cemetery or crematory Mt Carmel

Location Balto Md

18 (a) Funeral director Welsh Funeral Home

18 (b) Address 2008 Orleans St.

19 (a) 1 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30- 1948, at 1.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1948, to 5-30- 1948, and that I last saw h. in alive on 5-30- 1948.

Immediate cause of death Syphilitic Aortitis with Aortic insufficiency — Duration over 7 years

Due to

Due to

Other Conditions ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.

Address Baltimore City Hosp. Date signed 5-30-48

X

VS 159

3737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 N. Bruce St
(c) Hospital or institution: 20-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Bruce St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

(a) FULL NAME Joseph Huff

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

(b) Name of husband or wife Katie Huff
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) April 1, 1873

AGE: Years 75 | Months 1 | Days 27 | If less than one day ....hr. ....min.

Birthplace Hungary
(Town, county, and state)

Usual Occupation Retired

Industry or business

12. Name John Huff
13. Birthplace Hungary
14. Maiden Name Barbara Schneider
15. Birthplace Hungary

(a) Informant Mrs. Katie Huff
(b) Address 427 N. Bruce St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore

(a) Funeral director George A. Fearhey
(b) Address Fulton Ave & Fayette St.

(a) 6/1/48 (Date rec'd by registrar) (b) Huntington Willigues M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1948, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1948, to 5/29 1948 and that I last saw h[illegible] alive on 5/29 1948

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Denver Langdale M. D.
Address 401 N. Payson St. Date signed 6/1/48

3738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63738
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6-05
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Archie Gatling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gertrude Gatling

6 (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1913

8. AGE: Years 34 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace: Hertford Co. N. C.
(Town, county, and state)

10. Usual Occupation: Business for Self

11. Industry or business

12. Name: Russell Gatling

13. Birthplace: N. C.

14. Maiden Name: Ida Lham

15. Birthplace: N. C.

(a) Informant: Gertrude Gatling

(b) Address: 1628 Orleans St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof: June 1-1948 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvary Cem.

Location: Brooklyn Md

(a) Funeral director: Elroy O. Wilson

(b) Address: 1003 Baltimore Ave

JUN 1 1948
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1948, at 3:55 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Hypertensive cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature: Edward Ryan M.D.
Medical Examiner.
Date signed: May 28, 1948

VS 151

3739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 49a

Registered No. 063739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5536 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida, DeBos.
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F.
5. Color or race W
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Joseph.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 17, 1892
8. AGE: Years 55 Months 10 Days 14 If less than one day hr. min.
9. Birthplace HUNGARY (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife.
12. Name Joseph TENYES d'c'd
13. Birthplace Hungary.
14. Maiden Name Amelia Ortner
15. Birthplace Hungary
(a) Informant Husband.
(b) Address
(a) Burial (Burial, cremation, or removal) (b) Date thereof 6.3.1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.
(a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.
(a) Date received by (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/48 19 48 at 4.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 19 48 to 5/31 19 48
and that I last saw h[illegible] alive on 5/31 19 48

Immediate cause of death Cardiac failure.
Due to ascites.
Due to Carcinoma
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh A. Wells M.D.
Address St. Agnes Hosp. Date signed 5/31/48 M. D.

VS 150

63740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192B

G63740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution:
Home for the Aged Room
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10-01

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Mary Bishop

(b) If veteran, name war

3 (c) Social Security Account No.

Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W.

(b) Name of husband or wife David Bishop
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) May 12 1866

AGE: Years	Months	Days	If less than one day
82	-	19	hr. min.

Birthplace Bloomfield Mo.
(Town, county, and state)

Usual Occupation
Industry or business

12. Name Frank Starrs
13. Birthplace
14. Maiden Name Sophie Muller
15 Birthplace

(a) Informant Gill Hall The Home
(b) Address 1200 Valley St.

(a) Burial (b) Date thereof June 1. 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore

(a) Funeral director Rita Wendfeld
(b) Address 900 East Biddle St
(a) 1 1948 (Huntington Williamsport
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1948 to May 30 1948 and that I last saw her alive on May 29 1948

Immediate cause of death	Duration
Edema Lungs	2 days
Due to Mitral Stenosis	5 yrs.
Due to	
Other Conditions Arteriosclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E. North Ave Date signed 5/31/48 D.

3741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G63741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 East Chase St
(c) Hospital or institution: 10-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 East Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Joseph Gallagher

(b) If veteran, name war

3 (c) Social Security Account No. 220-07-1111

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) June 6, 1893

AGE: Years 54 | Months 11 | Days 24 | If less than one day hr. min.

Birthplace Baltimore
(Town, county, and state)

7. Usual Occupation Laborer

8. Industry or business City

12. Name Patrick Gallagher

13. Birthplace Ireland

14. Maiden Name Delia Garrity

15 Birthplace Ireland

(a) Informant Mary Gallagher

(b) Address 901 East Chase St

(a) Burial (Burial, cremation, or removal) (b) Date thereof June2, 1948 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

(a) Funeral director Rita Wiedefeld

(b) Address 900 East Biddle Street

(a) 1 1948 (Date rec'd by registrar) (b) Harrington Williams, Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1948 to 5/30 1948, and that I last saw h[illegible] alive on 5/29 1948.

Immediate cause of death	Duration
a Cerebral Embolism	
Due to	
Due to Chronic Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S C Feldman

Address 1440 E Balt Date signed M. 5 D. 31 Y

X

5742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G63742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 959 N Chester St
(c) Hospital or institution: 7-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 959 N. Chester St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Sophia Bright

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

(b) Name of husband or wife William F. Bright
6 (c) If alive, give age years

Birth date of deceased (mo., day, yr) Oct 28, 1867

AGE: Years 79 | Months 7 | Days 10 | If less than one day ....hr. ....min.

Birthplace Baltimore (Town, county, and state)

7. Usual Occupation Housework
8. Industry or business

12. Name Carl Oversinder
13. Birthplace Germany
14. Maiden Name Mary Ritz
15 Birthplace Germany

(a) Informant Elmer Bright
(b) Address 912 N. Eutaw a

(a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Balt Md

(a) Funeral director Frank Brochon Son
(b) Address 900 N. Chester St.

JUN 1 1948 Date rec'd by Registrar Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19..., at ....M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 19 48 to May 28 19 48, and that I last saw h.. alive on May 28 19 48.

Immediate cause of death	Duration
Esophageal Hemorrhage (Due to Malignant Tumor)	May 28 48
Due to Arteriosclerosis Hypertension	
Due to Pneumonia	May 28 1948
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ....M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. McClimans M. D.
Address 3426 Bond Date signed May 31 48

743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

Registered No. G63743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18-07
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sherman Rogers

3 (b) If veteran, name war: | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business
12. Name Unknown
13. Birthplace —
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Sophie Bryant
(b) Address 911 Carlton St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location
18 (a) Funeral director Mrs. Katie R Williams
(b) Address 322 N. Schroeder St
19 JUN 1 1948 Date rec'd by registrar (b) Huntington Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28- 1948, at 8 40 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to true death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pulmonary tuberculosis, chronic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mencis M.D.
Medical Examiner.
Date signed 5/28/48

VS 151

G63744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1849 N Chester St.
(c) Hospital or institution:

8-04

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and name town)
(d) Street No. 1849 N Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W Hackley

(b) If veteran, name war

3 (c) Social Security Account No. 213-05-5336

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married.

(b) Name of husband or wife Jesse L. Hackley
6 (c) If alive, give age 68 years

Birth date of deceased (mo., day, yr.) Oct 13, 1874

AGE: Years	Months	Days	If less than one day
73	7	16	hr. min.

Birthplace Va (Town, county, and state)

11. Usual Occupation Carpenter.
11. Industry or business

12. Name James Hackley.
13. Birthplace Va
14. Maiden Name Jane Jenkins.
15. Birthplace

(a) Informant Jesse L. Hackley.
(b). Address 1849 N. Chester St.

(a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Park
Location

(a) Funeral director Paul E. Schenauer Jr.
(b) Address 3615-17 Chestnut Ave.

JUN 1 - 1948 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948 at 12 M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J. Kelsick M.D. Medical Examiner.
Date signed May 30, 1948

VS 181

63745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

63745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St. 3-26
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 849 Wellington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward L. George

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Mary V. George
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) January 5 1947

8. AGE: Years 47 | Months 11 | Days 25 | If less than one day hr. min. 1900

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Southern High School.

12. Name John H. George

13. Birthplace Md.

14. Maiden Name Josie H. Davis.

15. Birthplace Va.

16 (a) Informant Mary V. George
(b) Address 849 Wellington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location

18 (a) Funeral director Paul E. L. Hennemuth Jr.
(b) Address 2645-17 Huntington Ave.

19 (a) JUN 1 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1948, at 12 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1948, to 5-30 1948, and that I last saw him alive on 5-29 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary thrombosis with	
Due to Complete heart block	
Other Conditions + bundle branch block	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Carnegie M.D.
Address 6226 Everall Ave. Date signed 5-30-48 M. D.

VS 150

63746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey St.
(c) Hospital or institution: Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14-03

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-03-2972

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife: Bertha
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/29/1877
8. AGE: Years 71 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

12. Name
13. Birthplace
14. Maiden Name Mary Bolling
15. Birthplace Va.

(a) Informant Phoebe Jackson
(b) Address 557 Baker St
(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat.
Location Md.
(a) Funeral director Geo. A. Kelly
(b) Address 1303 Freestman St
JUN 1 1948
(Date rec'd by registrar) (b) Washington Heights Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 1:5 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1948, to May 30 1948, and that I last saw him alive on May 30 1948.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Stella Simpson
Address 27 North Carey Date signed 3/31/48

VS 153

G63747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1554 N. Fulton Ave.
(c) Hospital or institution: 15 or 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1554 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE T. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1878

8. AGE: Years 70 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

12. Name Bartholomew Kelly

13. Birthplace Ireland

14. Maiden Name Ellen Harding

15. Birthplace Ireland

(a) Informant Mr. John B. Kelly

(b) Address 1554 N. Fulton Ave

(a) Burial (b) Date thereof 6/2/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore, Md.

(a) Funeral director Henry H. Ulman and Son

(b) Address 805 N. Calvert St.

JUN 1 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 7.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1948, to May 29 1948 and that I last saw him alive on May 29 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration 4/27/48

Due to: Hypertensive Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Levy, M. D.
Address 1544 W. Mulberry Date signed 5/31/48

VS 153

63748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195c

Registered No. G63748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 9-09
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1848 N. Spring St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. COOSENTBERRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Bealton Va
(Town, county, and state)

10. Usual Occupation Handyman

11. Industry or business

12. Name Richard Coosentberry

13. Birthplace Bealton va

14. Maiden Name Ada Walker

15. Birthplace Bealton Va

16. (a) Informant Beatrice Jones

(b) Address 1719 Madison ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 - 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn Md

(a) Funeral director Elroy O. Wilson

(b) Address 1000 Eutaw pl

(a) (Date) JUN 1 - 1948 by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/1948, at 4:10 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute dilatation of heart.
Acute edema of lungs.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George E. Merrill M.D.
Medical Examiner.
Date signed 5/28/48

VS 151

X

63749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 63749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] ST.
(c) Hospital or institution: MERCY HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Howard
(c) City or town WOODSTOCK, MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. WOODSTOCK COLLEGE
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME REVEREND PETER LUTZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1873

8. AGE: Years 75 | Months 2 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace NEW YORK, N.Y.
(Town, county, and state)

10. Usual Occupation PRIEST

11. Industry or business

12. Name MICHAEL LUTZ

13. Birthplace N.Y.

14. Maiden Name MARY STEPHEN

15 Birthplace FRANCE

(a) Informant ADM. SLIP.

(b) Address

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory WOODSTOCK COLLEGE CEM'Y

Location WOODSTOCK. MD

(d) Funeral director Bernard C. Harlow

(e) Address 121 E. West St

6-1-1948 (Date rec'd by registrar) Hattie for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 1 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1948 to 6/1 1948 and that I last saw h/M alive on 5/31 1948

Immediate cause of death CARDIO-RESP. FAILURE — Duration

Due to ARTERIO-SCLEROTIC C.V. DISEASE

Due to UREMIA.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elden H. Pratt M.D.

Address MERCY HOSP. Date signed 6/1/48

VS 150

X

63750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G63750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution Church Home & Hosp. Y-O ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTO. 31
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. WOLFE St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie D. Zeiler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife MARTIN A. ZEILER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1880

8. AGE: Years	Months	Days	If less than one day
67	9	0	hr. min.

9. Birthplace BALTO, MD (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name George Ohman
13. Birthplace Germany
14. Maiden Name Dora Seligman
15. Birthplace GERMANY

16 (a) Informant MARTIN A. Zeiler
(b) Address 204 S. Wolfe St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/4/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.
(a) Funeral director Selby & Zeiler Inc
(b) Address 403 S. Wolfe St.

(Date rec'd by registrar) JUN 1 - 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948, to June 1 1948, and that I last saw her alive on 6-1-1948.

Immediate cause of death	Duration
Cardiac Failure	
Due to Posterior Infarction	
Due to Coronary thrombosis	
Other Conditions Diabetes (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Winokur
Address CHH Hosp Date signed 6/5/48

G. Winokur 94a

G63751 BC-48-0347F

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1040a

Registered No. G63751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Newbury avenue
(c) Hospital or institution:
Sinai 7-15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 5607 Newbury avenue (or give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Vanskiver SMT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14-1948

8. AGE: Years | Months 3 SMT | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

12. Name Arthur Vanskiver

13. Birthplace Md

14. Maiden Name Betty Hill

15. Birthplace Maryland

16 (a) Informant Miss Betty Hill

(b) Address 5607 Newbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1948 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill

Location Towson, Md.

(a) Funeral director Byrnes Funeral Home

(b) Address 3631 Falls Rd

JUN 1 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948 SMT, at 10 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia, respiratory infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L. Beyer M.D. Medical Examiner.

Date signed 6/1/48

VS 151

63752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G63752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2107 East Oliver St.
(c) Hospital or institution: 8-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2127~~ 2107 East Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna C. Costello
(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
(b) Name of husband or wife Hugh H. Costello
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 31 ~~1867~~

AGE: Years 81 | Months 1 | Days 29 | If less than one day hr. min.

8. Birthplace Lancaster, Pa. (Town, county, and state)
9. Usual Occupation At Home
10. Industry or business
12. Name John Weber
13. Birthplace Germany
14. Maiden Name Rosanna Meyers
15. Birthplace Germany
16. (a) Informant Agnes T. Costello
(b) Address ~~2127~~ 2107 East Oliver St.
17. (a) Burial (Burial, cremation, or removal) 167 (b) Date thereof (month) 6 (day) 2 (year) 48
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18. (a) Funeral director John C. Mellendick
(b) Address 2735 E. Oliver St.
JUN 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at M
21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1948, to May 29 1948 and that I last saw her alive on May 28 1948.

Immediate cause of death 1867 Cerebral hemorrhage. — Duration
Due to Arteriosclerotic Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. B. Stevens
Address 3400 Eastern Ave. Date signed 5/31/48.

63753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 N. Robinson St.
(c) Hospital or institution: 6-04
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Armstead Gardens (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Quintill Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond C. Mueller

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 7. 1906
8. AGE: Years 41 | Months 10 | Days 22 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electrotyper
11. Industry or business Printing Trade
12. Name Adam P. Mueller
13. Birthplace Baltimore, Md.
14. Maiden Name Theresa C. Bennecke
15. Birthplace Baltimore, Md.
(a) Informant Mrs. Catherine Mueller
(b) Address 916 Quantrill Way.
(a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Rd.
(a) Funeral director E. W. Conklin & Son
(b) Address 924 E. Eager St.
(a) [illegible] Washington Williamsport, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948, at 4:45 A.M.

21. I certify that I took charge of the remains described above, held an Inquest & inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Beyer M.D. (Medical Examiner)
Date signed 5-29-48

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63754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 661 - W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 661 - Franklin (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustaro E. Fernandez

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sallie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1891

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Puerto Rico (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER

12. Name Manuel Fernandez

13. Birthplace Puerto Rico

MOTHER

14. Maiden Name Petra Caserra

15. Birthplace Puerto Rico

16 (a) Informant Sallie Fernandez

(b) Address 661 - W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (month) (day) (year)

(c) Cemetery or crematory

Location Mt. Calvary, Baltimore Co.

18 (a) Funeral director E. Halstead

(b) Address 918 - Edmondson Ave

19 [illegible] - 1948 (Date rec'd by registrar) (b) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/1948 5:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1948 to May 31 1948 and that I last saw him alive on May 26 1948

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr.
Due to Hypertension	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.

Address 1928 Penna Ave Date signed 6/1/48

VS 150

3755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Williams Ave.
(c) Hospital or institution: Lenteus Memorial Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 St Paul St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Carroll MacTavish MACTAVISH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Mary Bergen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31 1857

8. AGE: Years	Months	Days	If less than one day
91 9	1	30	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles C. MacTavish
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Marcella Sept
15. Birthplace Richmond, Va.

16 (a) Informant Lenteus Memorial
(b) Address Record

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Thos. J. Hagan's Sons
(b) Address 1711 Pennsylvania Ave

19 JUN 1 1948 (Date rec'd by registrar) Registration District No. Washington Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1948, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/ 1947 to 5/30 1948.
and that I last saw h[illegible] alive on 5/29/1948

Immediate cause of death Cardiac failure
Due to Arteriosclerosis
Due to CVD - Senile Dementia
Other Conditions demented
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. Mantz
Address Hagers Date signed 5/30/48

VS 150

633756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered 633756

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LAFAYETTE AND JOHN
(c) Hospital or institution:
HOSPITAL FOR THE WOMEN OF MARYLAND
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 17 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Harford
(c) City or town DARLINGTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLOTTE — JACKSON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife CAREY W. JACKSON

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) NOV. 10, 1925

8. AGE: Years 22 | Months 6 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace BOSTON MASS.
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business HOME

12. Name HENRY LLOYD SMYTH, JR.

13. Birthplace BOSTON MASS.

14. Maiden Name ELINOR S. SCOTT

15. Birthplace BOSTON MASS.

16 (c) Informant CAREY JACKSON

16 (b) Address DARLINGTON, MD.

17 (a) Burial (b) Date thereof JUNE 2 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins & Son
(b) Address McCulloh & Richards Sts

19 (a) JUN 1 - 1948 (b) Huntingtown Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948, at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 Jan 1948, to 31 May 1948, and that I last saw her alive on 31 May 1948.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Leukemia, acute lymphogenous	4 Mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Enlarged kidneys, lymphadenopathy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Judd B. Agee Jr. M. D.

Address Woman's Hospital Date signed 31 May 48

PHYSICIAN

Underline the cause to which death should be charged statistically

JUN

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8C-48-08928

3757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

663757

Registered No. 1579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17-01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Laws Baby.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 - 1948

8. AGE: Years | Months: 1 | Days: 12 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Wm. W. Laws

13. Birthplace Dallas Texas

14. Maiden Name Wilfred C Coe

15. Birthplace Wash. D C.

(a) Informant: Wm. W. Laws

(b) Address 516 W. Mulberry St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd & Moravia Ave

(a) Funeral director Frank Dilla Yocis

(b) Address 5[illegible] N. Morley St.

JUN 1 - 1948 (Date rec'd by registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 1:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation from Pneumonia

Due to

Other Conditions Pyloric Stenosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Earl V. Ruth M.D. Medical Examiner.

Date signed June 1, 1948

VS 151

63758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Brookfield Ave.
(c) Hospital or institution: 13-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Brookfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Bonsal Landragan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife late James J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1856.

8. AGE: Years 92 | Months 2 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Bonsal
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Skinner
15. Birthplace N. C.

16 (a) Informant Mrs. H. Boyd Wiley
(b) Address 3119 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/48. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 Edmondson Ave.

19 (a) JUN 1 - 1948 (Date rec'd by registrar) (b) Huntington Willi...

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948, at 1.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1928 19 to May 31 1948. and that I last saw her alive on May 31 1948.

Immediate cause of death
Cardio-vascular
Hypertensive disease — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norma E. Todd M. D.
Address 2108 St Paul St Date signed 6/1/48

VS 150

63759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 44 B

63759 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Madison & Linden
(b) Street address 2615 Cecil ave.
(c) Hospital or institution:
Maryland General Hosp. 9-07
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Cecil Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John N. Leithauser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Ethel M. Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 25, 1895

8. AGE: Years 52 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business F. A. Davis & Son
12. Name George Light Lauer
13. Birthplace Germany
14. Maiden Name Mary Huber
15. Birthplace Md.
(a) Informant Mrs Ethel Leight Lauer
(b) Address 2615 Cecil Ave

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3401 Frederick Rd

17. (a) Funeral director Harry A. Witzke
(b) Address 4101 Edmondson Ave

17. Filed JUN 1 - 1948 (Registrar) Huntington Williams, M.D. Registrar

VS 4/50

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1948, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1948 to 5-30 1948
and that I last saw him alive on 5-29 1948

Immediate cause of death Cachexia — Duration 2 yrs

Due to Hodgkins Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene A. Patonillot M. D.
Address Maryland General Hosp. Date signed 5-30-48

63760

gl 2 48-1132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G63760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2716 Bookert Drive
(c) Hospital or institution: Home 25-0V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28hrs 52min
(e) Length of stay in Baltimore (yrs., mos., or days) 28hrs 52min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Bookert Dr - Cherry Hill (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Premature MacMiller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	N.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-48

8. AGE: Years	Months	Days	If less than one day
		1	hr. 52 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank MacMiller

13. Birthplace Warren County, N.C.

MOTHER 14. Maiden Name Daisy MacMiller

15. Birthplace Warren County, N.C.

16 (a) Informant Daisy MacMiller

(b) Address 2716 Bookert Dr

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School MAY 28 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 1 - 1948 (Date rec'd by registrar) Harry J. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28, 1948, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1948 to 5-28 1948, and that I last saw her alive on 5-27 1948 @ 11 am

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerry L. Buck M. D.

Address 363 Bridgeview Date signed 5/29/48

VS 130

X

3761 31 - 15570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

Registered No. 63761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: 1701
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Appel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22; 1860

8. AGE: Years 88 | Months 3 | Days - | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Wood Worker

11. Industry or business

12. Name F. W. Appel

13. Birthplace Germany

14. Maiden Name Anna Maria

15. Birthplace Germany

(a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School MAY 28 1948

(a) Funeral director

(b) Address Commissioner of Health

Date rec'd by Registrar JUN 1 1948 Hampton Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1948, at 5.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1926 to May 22 1948, and that I last saw him alive on May 22 1948.

Immediate cause of death Pyelonephritis

Due to

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy None done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Barbarow, M.D.

Address Balto. City Hosp. Date signed 5-28-48

63762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 63762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 W. Mulberry
(c) Hospital or institution: 17-03
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Rena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16-1892

8. AGE: Years 55 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER

12. Name Willie Thornton

13. Birthplace Harford Co. Md.

MOTHER

14. Maiden Name Annie Thornton

15. Birthplace Harford Co. Md.

16 (a) Informant Alberta Thornton

(b) Address 1156 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.

(b) Address 1011 N. Arlington Ave. Registrar

19 (a) JUN 1 - 1948 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948, at 8.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1948 to 5/30 1948 and that I last saw h[illegible] alive on 5/30 1948

Immediate cause of death

Apoplexy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Hartman Lucy

Address 4 S. W. Biddle St. Date signed 6/1/48

VS 150

63763

AB-128012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 9-06
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 36yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. 30th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME Thomas Jett Efford

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Evelyn M. Efford

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) March 2- 1898

AGE: Years 50 | Months 2 | Days 29 | If less than one day hr. min.

Birthplace Virginia (Town, county, and state)

7. Usual Occupation?

8. Industry or business

12. Name Thomas Jett Efford

13. Birthplace Virginia

14. Maiden Name Emma Vanlandingham or Vandiantingham

15. Birthplace Virginia

(a) Informant Records-Baltimore City Hospitals

(b) Address 4940 Eastern Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave

(a) Funeral director John P. Moran

(b) Address 3006 E. Balt. St.

(a) Filed by registrar JUN 1 1948 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31- 1948, at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27- 1948, to 5-31- 1948, and that I last saw h im alive on 5-31- 1948.

Immediate cause of death Pulmonary edema — Duration

Due to Hypertensive Cardio-Vascular Disease.

Due to

Other Conditions Sub-acute glomerulo-nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Vinberg Jr.

Address Balto City Hosp. Date signed 31 May 48

VS 153

X

63764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 63764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3312 Ravenwood Ave.
(c) Hospital or institution: Q701
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Ravenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie J. Brill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Peter A. Brill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23. 1894

8. AGE: Years 54 | Months 4 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name ?

13. Birthplace ?

14. Maiden Name Trott

15. Birthplace Maryland.

16 (a) Informant Peter A. Brill

(b) Address 3312 Ravenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Balt. St.

19. (a) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 10:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to May 30 1948, and that I last saw h[illegible] alive on May 30 1948.

Immediate cause of death	Duration
Acute Myocardial decompensation	4 days
Due to Chronic Endocarditis & Myocarditis	?
Due to	
Other Conditions Embolic phenomena	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Temples M. D.

Address 700 E. Fayette St. Date signed 6/1/48

VS 150

3765 BC-48-09241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 160a

663765 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hospital 14-01.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 17 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Carol Summerford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: wht.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-23-48

8. AGE: Years: NB | Months | Days: 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter R. Summerford
13. Birthplace South Carolina

MOTHER
14. Maiden Name Edith Lawson
15. Birthplace W. Va.

16 (a) Informant Mrs. Edith Summerford
(b) Address 1609 Linden Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Loc Johns Hopkins Medical Schoo JUN 1 1948

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 1 - 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 19 48 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23, 19 48 to Apr 24, 19 48, and that I last saw h[illegible] alive on Apr 24, 19 48

Immediate cause of death [illegible] Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Sinai Hospital Date signed 6/5/48

63766 BC-48-09299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 63766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution:
Sinai Hospital 27-20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3dys
(e) Length of stay in Baltimore (yrs., mos., or days) 3 dys.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 15
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3809 Labyrinth Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Snyder

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1948

8. AGE: Years	Months	Days	If less than one day
		3dys	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Dr. Jerome Snyder
13. Birthplace New York, N. Y.

MOTHER
14. Maiden Name Theresa Colliver
15. Birthplace Va.

16 (a) Informant Mrs. Theresa Snyder
(b) Address 3809 Labyrinth Road

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo JUN 1 1948

18 (a) Funeral director Commissioner of Health
(b) Address Huntingtown, Millicsville, Md.

19 (a) JUN 1 - 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH April 30, 1948 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27, 1948 to Apr 30, 1948 and that I last saw h... alive on Apr. 30, 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Congenital heart lesion	
Due to	
Other Conditions Atresia of Duodenum	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Ryle
Address Sinai Hospital Date signed

BC-48-10619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 663767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 Sinai Monument St.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 das
(e) Length of stay in Baltimore (yrs., mos., or days) 4 das.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO
(c) City or town Baltimore 21
(If outside city or town limits, write RURAL and give town)
(d) Street No. 599 Edgewater Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Timothy Livingston Cooley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	wht.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1948

8. AGE: Years	Months	Days	If less than one day
4 das.		4	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas W. Cooley
13. Birthplace S. C.

MOTHER
14. Maiden Name Madeline Livingston
15. Birthplace S. C.

16 (a) Informant Mrs. Madeline Cooley
(b) Address 599 Edgewater Apts.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Loc Johns Hopkins Medical Schoo JUN 1 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 1 - 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1948 19 at 2:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1948 to May 10 19 48
and that I last saw h. in alive on May 10, 19 48

Immediate cause of death: Atelectasis

Due to: Prematurity

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Levine M.D.
Address Sinai Hospital Date signed 5/29/48

3768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 66379898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 W. Lafayette Ave
(c) Hospital or institution: 16.03

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 W. Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Cecelia RAINEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (c) Single, married, widowed, or divorced
F.	C.	Single

6 (b) Name of husband or wife.....
6 (d) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1842

8. AGE: Years	Months	Days	If less than one day
106	-	5	..... hr. ..... min.

9. Birthplace Georgetown, D.C.
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Paul Rainey
13. Birthplace D.C.

MOTHER
14. Maiden Name Abegail ?
15. Birthplace D.C.

16 (a) Informant Florence Anton
(b) Address 1714 W. Lafayette Ave

17 (a) Burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Joseph L. Locke
(b) Address 304 N. Central Ave

19 JUN 1 - 1948 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1948 at 12.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-1946 to 5-30-1948.
and that I last saw her alive on 5-29-1948.

Immediate cause of death	Duration
Myocarditis	2 Mo.
Due to Diabetes Mellitus	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Frank A. Saunders M. D.
Address 629 N. Strieker St. Date signed 6-1-48

VS 150

X

3769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C63769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33[illegible] of Calvert St.
(c) Hospital or institution: Union Memorial Hosp. 9-07
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~6 days~~ 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 165 A 46 ft from St. City ✓
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Paul McNally

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 30, 1866

8. AGE: Years 68 | Months 11 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name John McNally

13. Birthplace Baltimore

14. Maiden Name Mary Cecelia Ring

15 Birthplace Baltimore

16 (a) Informant Miss Florence Kinnear (Friend)

(b) Address same Kinnear

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral City

Location

18 (a) Funeral director Wiedefeld & Son

(b) Address Greenmount Ave & 22nd

JUN 1 - 1948 (Date rec'd by registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948 at 2 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1948 to May 30 1948 and that I last saw him alive on May 29 1948

Immediate cause of death: Lobar Pneumonia — Duration 5 days

Due to: Cardiac decompensation — 7 days

Due to:

Other Conditions: arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.

Address Union Memorial Hosp. Date signed 5/30/48

VS 150

3770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ 63770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 White Ave
(c) Hospital or institution:
76-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME (Last) Magdalena C. Crosby

(b) If veteran, name war No. | 3 (c) Social Security Account No. None.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Louis J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1890

8. AGE: Years 58 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Frederick Wagner

13. Birthplace Balto

14. Maiden Name Leona Amrine

15. Birthplace Balto

16 (a) Informant Leona Miller

(b) Address 4205 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 2 48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4300 Belair Rd

(a) Funeral director Dippel Bros

(b) Address 7110 Belair Rd

18. (Date rec'd by registrar) 6-1-1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1948 to May 30 1948, and that I last saw h[illegible] alive on May 30 1948

Immediate cause of death Coronary Thrombosis — Duration 20 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adams Johnson

Address 6232 Belair Road Date signed M. D. May 31, 1948

Waiting for Williams, M.D.

VS 159

6771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G63771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Washington Boulevard
(c) Hospital or institution: -
x5-0✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Washington Boulevard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna V. Rogers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1869

8. AGE: Years 79 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

12. Name Philip Rogers

13. Birthplace Baltimore, Maryland

14. Maiden Name Elizabeth Smith

15 Birthplace Baltimore, Maryland

16 (a) Informant Catherine Russel

(b) Address 2801 Washington Boulevard

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Parkville, Maryland

(a) Funeral director Wm. Cook, Inc.

(b) Address 1217 St. Paul Street

(c) Date rec'd 1948 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947 to May 31 1948, and that I last saw her alive on May 29 1948.

Immediate cause of death Uremia — Duration

Due to Hydronephrosis

Due to Metastatic obstruction of ureters

Other Conditions Carcinoma cervix

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Truslerist M. D.

Address 1116 W Pratt Date signed 6/1/48

VS 159

X

G63772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 N. Caroline St.
(c) Hospital or institution: 807

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 N. Carolines (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Hinton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Wilson & Wilks N. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Albert Brown
13. Birthplace N. C.
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lonie Hinton
(b) Address 1127 N. Carolines

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 1 1948 (month) (day) (year)

(c) Cemetery or crematory
Location Durham N. Carolina

18 (a) Funeral director Mrs. Robt. A. Elliott & Daughter
(b) Address 1129 N. Carolines St (b) Huntington for Williams, Md.

JUN 1 - 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to May 29 1948 and that I last saw h alive May 28 1948

Immediate cause of death: Cerebral Hemorrhage — Duration 5 wks

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 1612 E. Monument St Date signed May 31 48

VS 150

3773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 63773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rochambeau Apts. Charles & Franklin Sts
(c) Hospital or institution: 4-01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles and Franklin Sts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. O'Connell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Nellie A. O'Connell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1870

8. AGE: Years 77 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Thomas O'Connell
13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah Conway
15. Birthplace Ireland

16 (a) Informant Mary A. O'Connell
(b) Address Rochambeau Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (month) (day) (year)
(c) Cemetery or crematory Mary Cathedral
Location Old Frederick Rd

18 (a) Funeral director John A. Meraz
(b) Address 3900 E. Bald St.

19 (c) JUN 1 - 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1947 to May 31, 1948, and that I last saw him alive on May 30, 1948.

Immediate cause of death Arteriosclerotic Cardio-Vascular disease with Cardiac Hypertrophy & Dilatation — Duration 4 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Iaggarmuller. M.D.
Address 1 E. Saratoga St. Date signed 6/1/48

VS 150

774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G63774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Uffington Road
(c) Hospital or institution: 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Uffington Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eldora Dooley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Clarke Dooley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1865

8. AGE: Years 82 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name George Fyock

13. Birthplace Unknown

14. Maiden Name Unknown Miller

15 Birthplace Pennsylvania

16 (a) Informant Mary Strible

(b) Address 2106 Uffington Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge

Location Elkridge, Maryland

(a) Funeral director Wm. Cook, Inc.

(b) Address 1217 St. Paul Street

JUN 2 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to May 31 1948 and that I last saw h.e. alive on May 30 1948.

Immediate cause of death Carcinoma of Breast — Duration

Due to

Due to

Other Conditions Carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Flannan M.D.

Address 4037 Fallsrd Date signed 5/31/48

3775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. 663775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Pennsbury St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert C. Taylor

3 (b) If veteran, name war: W. W. #2

3 (c) Social Security Account No:

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Lydia Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13th 1917

8. AGE: Years 30 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Construction Iron Worker

11. Industry or business Talbott Digile

12. Name William E Taylor

13. Birthplace Balto. Md.

14. Maiden Name Estella Wilkens

15. Birthplace Balto. Md.

16 (a) Informant: Lydia Taylor

16 (b) Address 2409 Pennsbury St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/4/48 (month) (day) (year)

17 (c) Cemetery ~~or crematory~~ U. S. National

Location Balto. Md.

17 (a) Funeral director William Cook Jr.

17 (b) Address 1213 St. Paul St.

JUN 2 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948, at 10 35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed head with contusion of brain.

Due to Amulsion

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 2/3

(a) Date of injury 5-31-48 at 10:15 P.M.

(b) Where did injury occur? Fleet & Conn Sts.

(c) Did injury occur at home, on farm, industrial place, in public place? ~~Public place~~ While at work? no

(d) Means of injury pedestrian struck by auto

23. Signature Howard J. Mullis M.D. Medical Examiner.

Date signed 6-1-48

776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Delaware
(c) City or town Darby
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Highland Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

(a) FULL NAME RONNBLAD, OSCAR

(b) If veteran, name war ?

3 (c) Social Security Account No. 231-14-2321

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

(b) Name of husband or wife Sara Ronnblad
6 (c) If alive, give age 57 years

Birth date of deceased (mo., day, yr.) April 27, 1879

AGE: Years	Months	Days	If less than one day
69	1	1	....hr. ....min.

Birthplace Sweden (Town, county, and state)
Usual Occupation seafarer
Industry or business cook

12. Name Karl Johan Alexanderson
13. Birthplace Sweden
14. Maiden Name Anna Kahrena
15 Birthplace Sweden
(a) Informant Records
(b) Address U S Marine Hospital

(a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-48 (month) (day) (year)
(c) Cemetery or crematory Lovalus Presbyterian
Location Balto Md
(a) Funeral director Edelworth Armacost
(b) Address 3911 Liberty Heights Ave
(c) Date rec'd 1948 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1948 19..., at 8:13P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 7, 19 48 to May 28, 19 48, and that I last saw him alive on May 28, 19 48.

Immediate cause of death Carcinoma left lung with widespread metastases — Duration 9 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Thoracotomy 1/22/48
Major findings of operation: Carcinoma of left lung, inoperable
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Faulds
Robert E. Foote
Address US Marine Hospital Date signed 6/1/48

X

3777

48-10836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

663777
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 8-07

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy "B" Clemmons
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/24/48

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

12. Name James Clemmons
13. Birthplace
14. Maiden Name Lillie
15. Birthplace

(a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bestwood
Location Baltimore
(a) Funeral director
(b) Address

JUN 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 - 1948, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Engler, Jr. M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-29-48

VS 189

X

3778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G63778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MADISON Ave + Hiwaw s
(c) Hospital or institution: MD GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Charles
(c) City or town INDIAN HEAD (If outside city or town limits, write RURAL and give town)
(d) Street No. FAIRMOUNT PLACE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes HELEN Doran
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband ~~or wife~~ HARRY
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) NOV 9 - 1899
8. AGE: Years 48 Months 6 Days 21 If less than one day hr. min.
9. Birthplace BALTO (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

MOTHER / FATHER
12. Name FRED SCHAAKE
13. Birthplace BALTO
14. Maiden Name LILLIE BOHM
15. Birthplace BALTO

16 (a) Informant HARRY DORAN
(b) Address INDIAN HEAD MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)
(c) Cemetery or crematory BALTO NATIONAL
Location FRED AVE
18 (a) Funeral director GEO. LEIMBACH
(b) Address 525 N LYNDHURST ST
19 JUN 2 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1948, at 12 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1948, to 5/30 1948; and that I last saw her alive on 5/30 1948.

Immediate cause of death Cachexia + inanition — Duration

Due to Malignancy involving small + large intestine

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/22/48

Major findings of operation: Malignancy of bowel

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E Miller M.D.
Address Mary. Gen. Hosp Date signed 5/30/48

VS 150

3779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert (E) H. Allen

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-20-4778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 8, 1928

8. AGE: Years	Months	Days	If less than one day
19	11	21	12 hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation GRAIN OPERATOR

11. Industry or business B. & O.

12. Name TRAVERS W. ALLEN

13. Birthplace MARYLAND

14. Maiden Name ELSIG HAROLD

15. Birthplace PA.

16 (a) Informant TRAVERS W. ALLEN

(b) Address 740 CARROLL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory GLEN HAVEN

Location RITCHIE HIGHWAY

(a) Funeral director Joseph T. Cashman

(b) Address 4119 N. Frankstown Rd.

JUN 2 - 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May (30) 30 1948, at 7 15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary embolism

Due to subacute bacteria - endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earle Boyd M.D. (Medical Examiner)
Date signed 5-31-48

VS 151

3780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 Guilford Ave
(c) Hospital or institution: at Home 12-04
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~ Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Guilford Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Winston King

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt. 1878

AGE: Years abt 70 | Months ? | Days ? | If less than one day hr. min.

8. Birthplace North Carolina (Town, county, and state)

9. Usual Occupation None

10. Industry or business None

12. Name Robert P. King

13. Birthplace Scotland

14. Maiden Name Janet Jack

15 Birthplace Scotland

(a) Informant Mr. Jos. G. King (nephew)

(b) Address 1919 Guilford Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1948 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Maryland

(a) Funeral director Stewart & Mowen Company

(b) Address 108 W. North Ave, City

JUN 2 - 1948 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/1948, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1948 to 5/31 1948, and that I last saw her alive on 5/28/1948.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1 day

Purely 4-21-48.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Linden

Address 1572 E North Ave Date signed 6/1/48

VS 150

X

53781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 663781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33 St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 months
(e) Length of stay in Baltimore (yrs., mos., or days) 26-09

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 S. Highland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Rogers Roulson

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 180-05-2607

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa M. Roulson

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug-13-1902

8. AGE: Years 45 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Freelands Md
(Town, county, and state)

10. Usual Occupation Painter for

11. Industry or business Vernon Bull

12. Name Jackson Roulson

13. Birthplace probably Penna

14. Maiden Name Laura J Rogers

15. Birthplace Virginia

16 (a) Informant Mrs Rosa M. Roulson (wife)

(b) Address 1013 S Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location Freeland Md

(a) Funeral director Stewart Mortuary

(b) Address 108 W Franklin St.

(c) JUN 2 - 1948 (Date rec'd by registrar) (d) Huntingtown Williamsport Md

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948, at 12:25 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion & Myocardial infarction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Frank Rogers M.D.
Medical Examiner

Date signed 6-2-48

3782 BC. 48-11235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. 3782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 Spruce St 3rd 26
(c) Hospital or institution:
75-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Spruce St - 26
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Jack Henry Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1948

8. AGE: Years | Months | Days | If less than one day: 4 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Roy Smith Ritter
13. Birthplace Wilkes Barre Pa

MOTHER
14. Maiden Name Lucienne Hazeg
15. Birthplace Tunis-Tunisia

16 (a) Informant Mrs Roy Smith Ritter
(b) Address 1502 Spruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Baltimore

18 (a) Funeral director Milton Schylling
(b) Address 3914 Hanover St - 25 -

JN 2 - 1948 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 2 1948.
and that I last saw h[illegible] alive on June 2 1948

Immediate cause of death: cerebral hemorrhage — Duration
Due to: prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip W. Kirsten M. D.
Address 302 Patapsco Date signed June 2 48

VS 150

3783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. 663783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1674 Eagle St.
(c) Hospital or institution: 22.05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1674 Eagle St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** James P. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-09-8796

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Anne Jones

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 9/5/71

8. AGE: Years 77 | Months 8 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Sharpsburg Ohio (Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business

12. Name Griffith Jones

13. Birthplace Elizabeth Drake

14. Maiden Name Jennett Watson

15. Birthplace Piney Creek Md.

16 (a) Informant Carolyn Hopkins

(b) Address 1670 Eagle St.

17 (a) Burial (b) Date thereof June 2, 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Washington Blvd.

18 (a) Funeral director George A. Nusbaum

(b) Address Reisterstown Md.

JUN 2 - 1948
(Date rec'd by registrar) Hunter for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to May 30 1948, and that I last saw h alive on May 29 1948.

Immediate cause of death Pulmonary Oedema

Due to Endocarditis (Mitral) Duration

Due to Hypertension

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Hirsch M. D.

Address 3 E. Wilkens Date signed 6-7-48

X

3784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G63784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4504 Jeffery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 03
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Ellen Joseph
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Joseph | 6 (c) If alive, give age: b years

7. Birth date of deceased (mo., day, yr.) 6-19-1875

8. AGE: Years: 72 | Months: 11 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual Occupation
11. Industry or business

12. Name: John Davis
13. Birthplace: Delaware
14. Maiden Name: Catherine Culver
15. Birthplace: Delaware

16 (a) Informant: Clara Lamagna
(b) Address: 4504 Jeffery Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-4-48 (month) (day) (year)
(c) Cemetery or crematory: Laurel Mills
Location: Delmar, Delaware

18 (a) Funeral director: Philip E. Malloy Inc
(b) Address: 2432 E. Oliver St

19 (a) Filed JUN 2 1948 (b) Transcription Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1948, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to June 1 1948 and that I last saw her alive on May 31 1948.

Immediate cause of death: Respiratory failure — Duration:
Due to: Hypertensive Cardio Vascular renal disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

ISIDORE SBOROFSKY, M.D.

23. Signature
Address 625 N. Monroe St Date signed 6-7-48

G63785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G63785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 d
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Latvia

3 (a) FULL NAME Alfred Warburg

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-0067

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 56. | Months | Days | If less than one day hr. min.

9. Birthplace Astoria (Town, county, and state)

10. Usual Occupation Ship yard Worker
11. Industry or business Todd Dry Dock Co

12. Name Carl F. Warburg.
13. Birthplace Astoria

14. Maiden Name
15. Birthplace Astoria

16 (a) Informant: John. Koppuzza
(b) Address 427 S. Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

(a) Funeral director Heydt & Boyd
(b) Address 311 S. Howard St.

18 (a) 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 May 1948, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil H. Reyher M.D.
Medical Examiner.
Date signed 30 May 48

G63786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered G63786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 S. Curley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 S. Curley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA ANNA FRANCES BARTELS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife Alvin A.E. Bartels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1882

8. AGE: Years 66 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Spies
15. Birthplace Germany

16 (a) Informant Mrs. Emma Koehler
(b) Address 1000 S. Curley Street -3

17 (a) Burial (b) Date thereof 6/4/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) (Date received by registrar) Temperance Williams M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 1 1948, at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1947, to June 1 1948, and that I last saw her alive on June 1 1948.

Immediate cause of death Arteriosclerosis Hypertension and C.V. Disease — Duration
Chr. Myocarditis — 12-12-47
Due to Senile Coronary Occlusion — 6-1-48
Due to
Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Schaefer M. D.
Address 842 S. Ext Ave Date signed 6-1-48

VS 150

Hmmie

G63787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

G63787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 Jefferson St
(c) Hospital or institution: 5.01
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linnie Mason

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1814

4. Sex female | 5. Color or race col. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Thelma Mason

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) April 6. 1903

8. AGE: Years 45 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Despentaster va
(Town, county, and state)

10. Usual Occupation Weightress

11. Industry or business Sparrow Point

12. Name John Mason

13. Birthplace Despentanta va

14. Maiden Name Lula Epps

15. Birthplace Despentanta va

(a) Informant Thelma Mason

(b) Address 1312 Jefferson St

(a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-1948 (month) (day) (year)

(c) Cemetery or crematory Prince George Cem

Location Prince George Co. Va

(a) Funeral director Elroy O. Wilson

(b) Address [illegible]

(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1948, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1948 to 6/30 1948 and that I last saw h[illegible] alive on 6/29 1948

Immediate cause of death: Bronchial asthma — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature RAYNER BROWNE, M. D.

Address 1300 EAST MADISON ST. BALTIMORE 5, MD.

Date signed 6/1/48

G63788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

G63788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's 24.01
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1447 Towson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyler, William John

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-7863

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Johanna Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1901

8. AGE: Years 46 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

12. Name Daniel Meyler

13. Birthplace Baltimore

14. Maiden Name Gertude McDonough

15. Birthplace Baltimore

(a) Informant Johanna Meyler

(b) Address 1447 Towson St

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location

(a) Funeral director Charles F. Hill

(b) Address 1501 E. Fort Ave

(a) (Date rec'd by registrar) (b)

2-150 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948, at 2:30A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1948 to May 31, 1948 and that I last saw him alive on May 31, 1948

Immediate cause of death Congestive Cardiac Failure.

Duration

Due to Hypertension, essential with Cirrhosis, Laennec's

Due to and cerebral vascular hemorrhage, Right side.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cirrhosis - Pyonephrosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Watts A Bailey M. D.

Address 1400 Caroline Date signed 5/31/48

X

G63789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

G63789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Christian St.
(c) Hospital or institution: VO-05
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Christian St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) FULL NAME Amelia - L- Gallliher
(b) If veteran, name war
(c) Social Security Account No. 212-05-2386

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Charles L.
6 (c) If alive, give age 56 years
Birth date of deceased (mo., day, yr.) 9-25-1901

AGE: Years 46 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

Birthplace Baltimore - Md (Town, county, and state)
7. Usual Occupation Filler - Bottling Line
8. Industry or business Calvert Distillery
12. Name John Schmidt
13. Birthplace Germany
14. Maiden Name Louisa Albig
15. Birthplace Germany
(a) Informant Charles L. Gallliher
(b) Address 2230 Christian St.
(a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 '48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey - Md
(a) Funeral director F. B. Wippert & Son
(b) Address 1801 Eutaw Place
(a) 2-1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948 at 10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 30 May 1948, to 31 May 1948, and that I last saw h-r alive on 31 May 1948.

Immediate cause of death: Carcinoma ovary with metastases to
Due to: liver, & abdominal glands — Duration: Indefinite
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil H. Henning Jr M. D.
Address 4580 Edmondson Ave Date signed 2 June 48

VS 153

G63790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3711 Belvedere
(c) Hospital or institution:
27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Belvedere (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph T. Peddicord

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-24-2351

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Addie A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1880

8. AGE: Years 67 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Frederick County, Md. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

12. Name John A. Peddicord

13. Birthplace Frederick County Md.

14. Maiden Name Ella Batt

15. Birthplace Fairfield, Pa.

16 (a) Informant Mrs. Addie A. Peddicord

(b) Address 6420 Reisterstown Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

(c) Cemetery or crematory St. Anthony's

Location Frederick, Md.

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont, Md.

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar) 2 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1/48 19 at 12:15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.

Date signed 6/1/48

VS 151

X

G63791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 N Fulton Ave
(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltotcty
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N Fulton Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Franklin Buckingham

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Pauline Buckingham
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-16-1865

8. AGE: Years 83 | Months 0 | Days 16 | If less than one day: hr. min.

9. Birthplace Woodensburg - Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Alfred C. Buckingham
13. Birthplace Woodensburg - Md

MOTHER
14. Maiden Name Leah — ? —
15. Birthplace Woodensburg - Md

16 (a) Informant Mrs Jeannie L. Still (sister)
(b) Address 1327 N Fulton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stuart Moore Co.
(b) Address 108 W Monument

19 (a) 1948 (Date received by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 1 1948, at 1 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1946 to 6 1 1948, and that I last saw him alive on 5 31 1948

Immediate cause of death: Arteriosclerotic Heart — Duration: ??
Due to: Disease
Due to: Arteriosclerosis, generalized
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1109 Hilgrove Date signed 6 2 1948 M.D.

X

G63792 48-11236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/159

G63792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 N. Mount
(c) Hospital or institution: Balto. Md 15-0

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and state county)
(d) Street No. 1502 N. Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Vennie

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/48

8. AGE: Years | Months | Days 1 | If less than one day 2 hr. min.

9. Birthplace 1502 N. Mount St. Balto. Md
(Town, county or state)

10. Usual Occupation

11. Industry or business

12. Name Lloyd J. Vennie

13. Birthplace Va.

14. Maiden Name Ozilda E. Curry

15. Birthplace Va.

16 (a) Informant Virgie Jackson
(b) Address 521 N. Mount St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 2 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) 1948 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D. Lawlor
Address 522 Park Ave Date signed 6/1/48

VS 3

63793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G63793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14-03
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Ottinge Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Colored | 5. Color or race Male | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 44 | Months | Days | If less than one day. hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof month day year

(c) Cemetery or crematory

Location University Medical School JUN 2 1948

18 (a) Funeral director Commissioner of Health

(b) Address Huntington Williamsport, Md.

JUN 2 - 1948 (Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1948 15 at 3 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Generalized Miliary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Welles M.D.
Medical Examiner.

Date signed 5/10/48

X

3794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 469

63794 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 N. Calvert St. 1-105
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 72.
(e) Length of stay in Baltimore (yrs., mos., or days) over 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Dewey Love

3 (b) If veteran, name war: I (1914-18)
3 (c) Social Security Account No.: —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Mrs. Charles Dewey Love
6 (c) If alive, give age ? years (alive)
7. Birth date of deceased (mo., day, yr.) 8/5/1898
8. AGE: Years 49 | Months 9 | Days 26 | If less than one day ____ hr. ____ min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Painter & Paperhanger
11. Industry or business —
12. Name Charles W. Love
13. Birthplace North Carolina
14. Maiden Name Martha ?
15. Birthplace North Carolina
16 (a) Informant Wife
16 (b) Address 2016 Maryland Ave.
17 (a) ____ (Burial, cremation, or removal) 17 (b) Date thereof (month) (day) (year)
17 (c) Cemetery or crematory
Location University Medical School JUN 2 1948
18 (a) Funeral director Commissioner of Health
18 (b) Address
19 (a) JUN 2 - 1948 (Date rec'd by registrar) 19 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/48 19 , at 4:35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/25/48 to 5/31/48 19 .
and that I last saw him alive on 5/31/48 19 .
Immediate cause of death Generalized Carcinomatosis from Carcinoma of Pancreas — Duration ? 1 month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Autopsy pertinent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ivey H. Foy, M.D.
Address Union Memorial Hospital Date signed 5/31/48

VS 199

Hospital X

663795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

Registered No. 663795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home 27 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4721 Alhambra Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elizabeth M. Heilman

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Francis R. Heilman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-1912

8. AGE: Years	Months	Days	If less than one day
35 36	5	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Gusave Rauser
13. Birthplace Germany

MOTHER 14. Maiden Name Marcia Fischer
15. Birthplace Germany

16 (a) Informant Mrs. Francis R. Heilman
(b) Address 4721 Alhambra Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John A. Moran
(b) Address 3010 E. Balt. St.

19 (a) 6-2-1948 (Date rec'd by registrar) (b) Quentin Tom Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947 to May 30 1948 and that I last saw h[illegible] alive on May 15 1948

Immediate cause of death	Duration
Cardiovascular failure	45 hrs.
Terminal uremia	
Due to Chronic Cardiovascular Renal	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Pelan M. D.
Address 11 E Chase St Date signed 6/2/1948

VS 150

G63796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓97

G63796

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raymor Ave + Dukeland St.
(c) Hospital or institution: West Baltimore General 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Hollins St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** URSULA MARSNALL

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Hammond Marshall
6 (c) If alive, give age —— years
7. Birth date of deceased (mo., day, yr.) July 4, 1865
8. AGE: Years 82 | Months 10 | Days 27 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

MOTHER'S FATHER'S
12. Name William H. Colley
13. Birthplace Maryland
14. Maiden Name Elizabeth Fesser
15. Birthplace Maryland

16 (a) Informant Charles H. Marshall
(b) Address 410 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 W. Frederick Ave.

(a) (Date received by registrar) (b) Huntington-Wilkinson Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948, at 15 F M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1948 to May 31, 1948 and that I last saw her alive on 5-31-1948

Immediate cause of death UNDETERMINED, PROBABLE VASCULAR ACCIDENT — Duration
Due to ARTERIOSCLEROSIS GENERALIZED
Due to
Other Conditions HEMOPTYSIS, UNKNOWN ETIOLOGY
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Rubinstein, M.D.
Address W. Baltimore General Hosp. Date signed 5/31/48

VS 150

63797A 603 33

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G63797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 3139 Mc Elderry Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dennis Pinkston

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-7-47

8. AGE: Years | Months 7 1/2 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Va. — (Town, county, and state)

10. Usual Occupation —

11. Industry or business

12. Name Eugene Pinkston

13. Birthplace Ala. —

14. Maiden Name Inza Pruitt

15. Birthplace Ala. —

16 (a) Informant Ricardo —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/2/48 (month) (day) (year)
(c) Cemetery or crematory Mt Hally Cem.
Location Owingsville Md

18 (a) Funeral director Wm J Pinkus & Son
(b) Address JOHNS HOPKINS HOSPITAL

19 (a) JUN 3 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948 at 4 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1948 to June 2 1948 and that I last saw him alive on June 1 1948

Immediate cause of death Acute Myeloid Leukemia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha Taylor Schipper M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-2-48

VS 150

G63798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G63798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Colonial Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 McAllear Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel A. Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Susie A. Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1873

8. AGE: Years	Months	Days	If less than one day
75	4	21	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs. Ada Kirk
(b) Address 8004 Douglas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence E. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington for Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/48 19 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29/48 19 to 5/31/48 19, and that I last saw him alive on 5/29/48 19

Immediate cause of death	Duration
Coronary Thrombosis	One day
Due to Arterio-Sclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

29. Signature Walter F. Stokes
Address 401 Edmondson Date signed 6/1/48

VS 150

X

Hospital Disposal
BCd 48-11643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 63799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nreula Porter (Baby)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex Female
5 Color or race Colored
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-26-48
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name Anthony Porter
13. Birthplace Md
14. Maiden Name Bertha King
15. Birthplace Md
16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
(a) Funeral director Hof Gutstadt
(b) Address
(c) JUN 3- 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 26

20. DATE OF DEATH May 27 19 , at 12 M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-26-1948 to 5-27-1948 and that I last saw h.. alive on 5-28-1948
Immediate cause of death Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John F. Cogle, Jr. M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 130

3800

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 159

Registered No. G63800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Annapolis Neck
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Duvall
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
(b) Name of husband or wife.....
6 (c) If alive, give age years
Birth date of deceased (mo., day, yr.) 5 6 48

AGE: Years | Months | Days: 1 | If less than one day .....hr. .....min.

Birthplace Md.
(Town, county, and state)
11. Usual Occupation.....
Industry or business
12. Name ?
13. Birthplace ?
14. Maiden Name Doris Duvall
15 Birthplace ?

(a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

(a)..... (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location.....
(a) Funeral director.....
(b) Address.....
(Date rec'd by registrar JUN 3 - 1948) Huntington Williams, Registrar

MEDICAL CERTIFICATION 30 h

20. DATE OF DEATH May 7 1948, at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from.....19....., to.....19.....,
and that I last saw h..... alive on.....19.....

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operations.....
of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature John F. Engler, Jr. M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 5-27-48

VS 150

X

63801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63803

Registered No. 3648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 N. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2

(e) Length of stay in Baltimore (yrs., mos., or days) Over 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LUCY E. DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1874

8. AGE: Years	Months	Days	If less than one day
73	11	21	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Hall
15. Birthplace Va.

16 (a) Informant M's Julia Thomas
(b) Address 1137 N. Stricker St.

17 (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Date rec'd by Registrar 6-2-1948 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 1, 1948 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1944 to 6-1- 1948 and that I last saw h[illegible] alive on 5-31- 1948.

Immediate cause of death	Duration
Myocarditis	4 yrs
Due to Arteriosclerosis	Lingering
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank D. Saunders M. D.
Address 1029 N. Stricker St. Date signed 6-2-48

VS 150

X

63802
SC C32606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No. 63802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 S. Folcroft St.,
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
5 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S. Folcroft St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Raymond Kangas

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1945

8. AGE: Years 2 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

PARENTS

12. Name Reino Kangas
13. Birthplace Michigan
14. Maiden Name Evelyn Wegener
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Reino Kangas
(b) Address 300 S. Folcroft St. -24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948, at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12- 1946 to 6-1- 1948, and that I last saw h.r. alive on 6-1- 1948.

Immediate cause of death	Duration
Glioma of the retina	1½ yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. B. Jacobs, M. D.
Address 448 W. Lanvale Date signed 6-2-48

VS 150

X

3803 — BALTIMORE CITY HEALTH DEPARTMENT — Registered No. 663803

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Mederyk (If outside city or town limits write RURAL and give town)
(d) Street No. 33 Market. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry E. Shaffer

3 (b) If veteran, name war — None — 3 (c) Social Security Account No.

4. Sex: Male — 5. Color or race: White — 6 (a) If single, married, widowed, divorced: Married

6 (b) Name of husband or wife: Mary A.

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): 11-27-81

8. AGE: Years 66 | Months 6 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name of father: Thomas Shaffer

13. Birthplace of father: Md.

14. Maiden name of mother: Susanne Hauck

15. Birthplace of mother: ?

16 (a) Informant

(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/7/48 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet Cemetery

Location: Frederick, Maryland

18 (a) Funeral director: M. R. Elphinstone & Son

(b) Address: Frederick, Maryland

19 (a) JUN 3 - 1948 (Date received by registrar) (b) Hunting for Nellie Lee, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-2-1948, at 9:55 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19-48 to 6-2-1948, and that I last saw h[illegible]live on 6-2-1948.

Immediate cause of death: Asphyxiation Failure — Duration: 2-3 Mo.

Due to: Carcinoma of Lung

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 6-2-48

VS 150

G63804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G63804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 GREENMOUNT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 GREENMOUNT AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY E. DeCOURSEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 31, 1879

8. AGE: Years 69 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name SAMUEL DeCOURSEY

13. Birthplace MARYLAND

14. Maiden Name GEORGANNA ANTHONY

15. Birthplace MARYLAND

16 (a) Informant CHARLES YOUNG

(b) Address 3601 GREENMOUNT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-4-48 (month) (day) (year)

(c) Cemetery or crematory MEDOWRIDGE

Location WASHINGTON BLVD.

18 (a) Funeral director Joseph T. Cochran

(b) Address 4400 Frankford Ave.

(a) (Date rec'd by registrar) JUN 3-1948 (b) Washington Hill

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2- 1948, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 2 1948, and that I last saw h[illegible] alive on 5-31 1948.

Immediate cause of death: Carcinoma of Rectum — Duration 5 yrs.

Due to: Exhaustion

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hoyt L. C. Blake M. D.

Address Med Arts Bldg Date signed 6-3-48

63805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Carey St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ADELAIDE GREEN

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-09-4031

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jas. G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1905

8. AGE: Years 43 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Florence S.C. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER

12. Name Loanya Simms

13. Birthplace S.C.

MOTHER

14. Maiden Name

15. Birthplace S.C.

16 (a) Informant Jas. Gilbert Hines (S)

(b) Address 417 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Baltimore County Md

18 (a) Funeral director Chas Sexton

(b) Address 5 N Carrollton Ave

19 JUN 3 - 1948 (Date rec'd by Registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/48 1948, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 5/30 1948 and that I last saw h[illegible] alive on 5/30 1948

Immediate cause of death	Duration
Lobar Pneumonia	3 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Hafaker M. D.

Address 1775 Pastor Date signed 6/3/48

VS 150

63806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 63806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights Ave
(c) Hospital or institution: — Mt Sinai Hosp 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 W. Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Bettelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Not Known

13. Birthplace Russia

14. Maiden Name Beatrice

15. Birthplace Russia

(a) Informant Mrs Beatrice Kurland

(b) Address 3608 W Garrison Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel

Location

(a) Funeral director Jack Lewis Inc

(b) Address 210 Eutaw Place

(a) Filed JUN 3 - 1948 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-1948, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to June 2 1948 and that I last saw her alive on June 1 1948

Immediate cause of death Cerebral Thrombosis — Duration 3 days

Due to Cerebral Arteriosclerosis — 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin M. D.

Address 4818 Reisterstown Rd Date signed June 3/48

663807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91a

Registered No. 663807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward R. Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	DIV.

6 (b) Name of husband or wife: Helen Miranda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2-1899

8. AGE: Years	Months	Days	If less than one day
48	7	0	hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Insurance Agent

11. Industry or business

FATHER
12. Name: Edward T. Bowers
13. Birthplace: Md.

MOTHER
14. Maiden Name: Ida Benedict
15. Birthplace: Md.

16 (a) Informant: Mrs. Edw. Bowers
(b) Address: 2117 Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (month) (day) (year)
(c) Cemetery or crematory: Brick church
Location: Westminster, Md

18 (a) Funeral director: Leonard D. Buck
(b) Address: 2205 Harford Rd

JUN 3 - 1948 (Date rec'd by registrar) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1948, to 6-2 1948, and that I last saw him alive on June 2 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Bacterial Endocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bacterial Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.
Address Franklin Sq. Hosp. Date signed 6-2-48

VS 150

663808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2753 renwick Ave.
(c) Hospital or institution: 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 renwick Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN JANE JOSLIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John A. Joslin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1864

8. AGE: Years	Months	Days	If less than one day
83	8	24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Kirby
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Monroe
15. Birthplace Maryland

16 (a) Informant Mr. Alfred M. Joslin -son
(b) Address 2753 Fenwick Avenue -18

17 (a) Burial (b) Date thereof 6/3/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) [illegible] (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948 at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to May 31 1948 and that I last saw him alive on May 31 1948

Immediate cause of death	Duration
Coronary Occlusion	30 Min
arteriosclerosis	24 yrs
Due to Hypertension	24 yrs
Mitral Regurgitation	24
Due to Chronic Interstitial Nephritis	24 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. A. Stearns M. D.
Address 2818 Eutaw Pl. Date signed 6-2-48

VS 130

X

63809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a ✓

Registered No. 63809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N. Carrollton Avenue
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N/ Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES HENRY DIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0024

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Josephine E. Diggs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1897

8. AGE: Years 50 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Lancaster County, Virginia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Revere & Copper Works

12. Name William ?

13. Birthplace ?

14. Maiden Name ?

15 Birthplace ?

16 (a) Informant Mrs. Lillie M. Johnson

(b) Address 2308 Etting Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Brooklyn, Maryland

18 (a) Funeral director Charles R. Law

(b) Address 502 Madison Avenue

19 (a) JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1948 1948 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1948 to 5-31-1948 and that I last saw h[illegible] alive on 5-31- 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertension	?
Due to arteriosclerosis	4
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Harmon M. D.

Address 2340 Madison Date signed 6-1-48

VS 650

X

63810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1539 N. Broadway
(c) Hospital or institution: 8-

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 92 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 N. Broadway
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -------

3 (a) FULL NAME: Eliza J. Bloxham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Richard J. Bloxham
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 2, 1856

8. AGE: 91 | Years 92 | Months 11 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business: -------

12. Name: James Fields

13. Birthplace: Ireland

14. Maiden Name: Mary Harper

15. Birthplace: Ireland

16 (a) Informant: Mrs. Elizabeth L. Gibson
(b) Address: 1539 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/48 (month) (day) (year)

(c) Cemetery or crematory: Green Mount
Location: Baltimore, Md.

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) JUN 3 - 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948, at 11 50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31, 1948 to June 1, 1948 and that I last saw her alive on June 1, 1948.

Immediate cause of death: Pulmonary Edema — Duration 38 hrs.

Due to: Chronic Myocarditis — 1 yr.

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Date of operation: ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify special place)
(e) Means of injury: ____

23. Signature: Ernest Lewis, M.D.

Address 601 N. Broadway Date signed 6/3/48

VS 153

63811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. 63811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Stony Run Lane
(c) Hospital or institution:
Hillcrest Nirsing Home 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 das
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -- ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 N. Charles St
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country ---------

3 (a) FULL NAME Frances Olivia Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr) ----------
8. AGE: Years: About 81 | Months: --- | Days: --- | If less than one day: -- hr. -- min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation ---------
11. Industry or business ---------
12. Name John H. Anderson
13. Birthplace Virginia
14. Maiden Name Charlotte E. Shipley
15. Birthplace Maryland
16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.
18 (a) Funeral director S. R. Mears and Son
(b) Address 805 N. Calvert Street
19 (a) Filed June 3 1948 (b) Huntington Wilkinson, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1947 to June 1 1948, and that I last saw her alive on May 31 1948

Immediate cause of death: Cardio vascular failure — Duration: 3 weeks

Due to: generalized arterio sclerosis — 5 yrs

Due to: ---

Other Conditions: Fractured hip, rt

(Include pregnancy within 3 months of death)

Date of operation: ---

Major findings of operation: ---

of autopsy: ---

If under treatment by PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ Fractured hip - rt
(b) Date of occurrence 4/28/48 at 7 P.M.
(c) Where did injury occur? Baltimore City Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Nursing home While at work? no
(Specify type of place)
(e) Means of injury Fall - slipped - fell

23. Signature Franklin C. Locke M.D.

Address 101 W. Read Date signed June 2, 1948

Edsel (x) Russell, M.D.

VS 150

63812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G63812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2332 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Earle

(b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Clara Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1886

AGE: Years	Months	Days	If less than one day
61	5	9	hr. min.

8. Birthplace Chester Orange Co. N.Y.
(Town, county, and state)
10. Usual Occupation Dining Car inspector
11. Industry or business Railroad
12. Name Abraham Earle
13. Birthplace Chester Orange Co. N.Y.
14. Maiden Name Anne Hardin
15. Birthplace New York
(a) Informant Clara Louise Earle
(b) Address 2332 Druid Hill Ave.
(a) Buried (b) Date thereof June 4, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.
(a) Funeral director Wm. H. Holland
(b) Address 1637 Druid Hill Ave
(a) JUN 3 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to June 1 1948 and that I last saw h/w alive on June 1 1948.

Immediate cause of death: Carcinoma of stomach — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifford P. Commander M. D.
Address 1309 Druid Hill Ave Date signed 6-3-48

VS 1-53

X

63813

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 561

Registered No. G63813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 Newburg Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Rae Isaacs

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 9/12-80

8. AGE: Years 67 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Williams Carlinger

13. Birthplace Md

14. Maiden Name Mary E. Worden

15. Birthplace Md

16 (a) Informant Records

16 (b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

17 (c) Cemetery or crematory Ivy Church

Location Elkridge Md

18 (a) Funeral director Edward MacNabb

18 (b) Address JOHNS HOPKINS HOSPITAL

19 (a) JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23-1948 to 6-1-1948 and that I last saw her alive on June 1 1948.

Immediate cause of death MALNUTRITION — Duration 3 weeks

Due to INTRAMEDULLARY SPINAL CORD TUMOR — Duration 1 year

Due to — Duration prev

Other Conditions PREFRONTAL LOBOTOMY — Duration 2 months

(Include pregnancy within 3 months of death)

Date of operation 12-16-47; 4-5-48

Major findings of operation: INTRAMEDULLARY SPINAL CORD TUMOR

of autopsy: INTRAMED. CORD TUMOR

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert T. Green M. D.

Address JOHNS HOPKINS HOSPITAL Date signed June 5 1948

X

3814

JL - 114699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

G63814

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Seidl

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1895

8. AGE: Years	Months	Days	If less than one day
53	-	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Dell
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 3 48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeiler, Inc.
(b) Address 403 S. Wolfe St. Transferring for Williamsport

19 (a) JUN 3 1948 (Date received by registrar) Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1948, at 12.30 AM M

21. I certify that death occurred on the date above-stated; that I attended deceased from Oct. 23 1947, to June 2 1948, and that I last saw him alive on June 2 1948.

Immediate cause of death	Duration
Cerebral Art. Sclerosis	over 1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Edward Marrison M. D.
Address Balto. City Hosp. Date signed 6/3/48

663815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 663815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tilda Ray.

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-10-0256

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	married

6 (b) Name of husband or wife Milton Ray.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1910.

8. AGE: Years	Months	Days	If less than one day
37	10	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Oscar Johnson.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Adella Conquest.
15. Birthplace Md.

16 (a) Informant Milton Ray.
(b) Address 424 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) 1948 Rec'd by registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948, at 3.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1948 to May 31 1948, and that I last saw h[illegible] alive on May 31 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Chronic Myocarditis	1½ yrs. (Hyper)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. S. Julian Jr. M. D.
Address 5[illegible] N. Schroeder St. Date signed

63816 ✓ 663816

E. J.A. 118040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Smithson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Thomas Hawkins.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1889

8. AGE: Years 58 ? | Months 11 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace ? Baltimore, Md.
(Town, county, and state)

10. Usual Occupation ? None

11. Industry or business ?

12. Name George Ridout

13. Birthplace Md.

14. Maiden Name Marin Hall

15. Birthplace Md.

16 (a) Informant Records Balto. City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1948 (month) (day) (year)

(c) Cemetery or crematory Ost. Gillen

Location Dulaney Maryland

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 372 N. Schroeder St.

19 (a) (b)
(Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1948, at 9-40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9 1948 to 6/1 1948 and that I last saw h[illegible] alive on 6/1 1948

Immediate cause of death Bronchopneumonia — Duration

Generalized Arteriosclerosis

Due to 0

Due to

Other Conditions Intertrochanteric Fracture Rt. Femur

(Include pregnancy within 3 months of death)

Date of operation 3/24/48

Major findings of operation: Fracture as stated

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident 14/2

(a) Accident, suicide, or homicide

(b) Date of occurrence 3/6/48 at M

(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)

(e) Means of injury Fell down steps

23. Signature H. S. Janes M.D.

Address Baltimore City Hosp. Date signed 6/1/48

For O. R. Lavell by Howard J. Mussett, M.D.

663817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 663817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Pierce st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Pierce st (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Percy Paterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Mary Paterson

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Nov 26 1890

8. AGE: Years: 57 | Months: 7 | Days: 5 | If less than one day: hr. min.

9. Birthplace: West Point, Va. (Town, county, and state)

10. Usual Occupation: Painter

11. Industry or business

FATHER
12. Name: Chandler Paterson
13. Birthplace: Edenton, N.C.

MOTHER
14. Maiden Name: Elsie Vanderbeck
15. Birthplace: Washington, D.C.

16 (a) Informant: Mrs. Percy Paterson
(b) Address: 2028 Lee St Portsmouth Va

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 3, 1945 (month) (day) (year)
(c) Cemetery or crematory
Location: West Point, Virginia

18 (a) Funeral director: Wm. Nate R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) June 1945 (Date rec'd by registrar) (b) Wm. Nate Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1945 at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1944 to June 1 1945 and that I last saw him alive on June 1 1945.

Immediate cause of death: Myocarditis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 6 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: , at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. E. Smith M.D.

Address: 615 Arlington Ave. Date signed: 6/3/45

VS 150

663818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

663818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 - N. Pine St.
(c) Hospital or institution:
20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 - Kirby Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Thomas Sparks (Thomas Parks) SPK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Queen Ester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 - 1917

8. AGE: Years 31 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Va. (Town, county and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Joseph Parks.
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Haskins
15. Birthplace Va.

16 (a) Informant Queen Ester Parks
(b) Address 543 - Kirby Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary -
Location A. Halstead

18 (a) Funeral director
(b) Address 918 - Druid Hill Ave

19 (a) June 3 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 11 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage due to.

Due to Stab wound of chest

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 29th at 11 00 A. P. M.
(b) Where did injury occur? 232 N. Pine St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Stabbed (Sharp Instrument)

23. Signature Medical Examiner M.D.

Date signed May 30th

VS 151

G63819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles St.
(c) Hospital or institution:
Doctors Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
3 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Westwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Margolis
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-7000

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Margolis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

AGE: Years 3 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor
12. Name Oscar Margolis
13. Birthplace Russia
14. Maiden Name Sarah ?
15. Birthplace Russia
(a) Informant Mrs Ida Margolis
(b) Address 2409 Westwood Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 48 (month) (day) (year)
(c) Cemetery or crematory Mishkin Israel Cong
Location Southern Ave.
(a) Funeral director Sol. Levinson & Bros.
(b) Address 1124-26 W. North Ave.
(a) Date received by registrar (b) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1948 to June 3, 1948 and that I last saw h[illegible] alive on June 3, 1948.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions Cerebral accident — 1 year
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Weisman, M.D.
M. D.
Address 3900 Dorchester Rd Date signed June 4

VS 150

X

63820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 63820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-0
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Armedia E. Howdyshell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1923

8. AGE: Years 24 | Months 5 | Days 5 | If less than one day: hr. min.

9. Birthplace W. Virginia
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Edward Howdyshell
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie Smallwood
15. Birthplace Va.

16 (a) Informant Edward Howdyshell
(b) Address 1840 W. Pratt Street

17 (a) BURIAL (b) Date thereof JUNE 5 '48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory MT OLIVET
Location BALTO. MD

18 (a) Funeral director Harry H. Withe
(b) Address 4101 Edmondson Ave

JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 6:05 P.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia
Extensive fatty liver
nephrosclerosis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-3-48

X

63821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 63821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Devonshire Drive
(c) Hospital or institution: 27-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Devonshire Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Virginia Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Lesley Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1870

8. AGE: Years	Months	Days	If less than one day
78	4	27	hr. min.

9. Birthplace Howard County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name John Cinneman
13. Birthplace United States
14. Maiden Name Elizabeth Jones
15. Birthplace United States

16 (a) Informant Miss Martha A. Frank
(b) Address 3400 Devonshire Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miles Lanahan
(b) Address 4310 Liberty Heights Ave.

19 (a) JUN 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 5.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1947 to June 1948, and that I last saw her alive on 6/1 1948.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Coronary Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Wilfon
Address 5721 Park Heights Av Date signed 6/2/48

DANIEL WILFON X

663822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 663822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 Cedley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Cedley Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Maud Daugherty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Charles A. Daugherty (dec) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1880

8. AGE: Years 67 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Buckhannon W. Va.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Columbus J. Post
13. Birthplace West Virginia

MOTHER
14. Maiden Name Martha Foster
15. Birthplace West Virginia

16 (a) Informant Basil L. Daugherty
(b) Address 2218 Cedley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th 1948 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director Leo G. Crook
(b) Address 2708 N. Patterson Park Ave

19 (a) JUN 3 1948 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 2 1948, at 8.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1948 to June-2-1948, and that I last saw him alive on June 2 1948.

	Duration
Immediate cause of death: Coronative heart failure	
Due to: Cardio-vascular-Renal disease	10 months
Due to: Hypertension	4-5 yrs
Other Conditions: Obesity.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walther H. Sonnenfeldt M. D.
Address 2708 Hollins Ferry Rd. Date signed 6/2/48

63823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution:
Frome Jon The Aged Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(a) FULL NAME Elizabeth Nolan

(b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced W.

(b) Name of husband or wife Wilmon Nolan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1874

AGE: Years 73 | Months 7 | Days 15 | If less than one day hr. min.

8. Birthplace Baltimore
(Town, county, and state)

9. Usual Occupation
10. Industry or business

12. Name No knowledge
13. Birthplace

14. Maiden Name Malinda Taylor
15 Birthplace

(a) Informant Lillie Sisson Friend
(b) Address 1200 Valley St.

(a) Burial (b) Date thereof June 5. 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Peters Cem.
Location Baltimore Md

(a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly ave

(a) JUN 3 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by reg. dist.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1948, to June 2 1948.
and that I last saw h alive on 19

Immediate cause of death — Duration
Edema Lungs — 2 days
Due to
Chronic Myocarditis — 3 yrs
Due to
Other Conditions Arteriosclerosis — 5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E. North Ave Date signed M 6 D 3/48

X

63824 BG-48-11685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161c

Registered No. 663824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 15 hr

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County 2
(c) City or town BALTIMORE #23 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY HISKY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 2, 1948

8. AGE: Years — Months — Days — If less than one day 15 hr. 07 min.

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Edward Hisky

13. Birthplace Maryland

14. Maiden Name Mildred Eleanor Dwyer

15. Birthplace Maryland

16 (a) Informant Father

(b) Address 2732 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director H. W. Means and Son

(b) Address 805 N. Calvert St.

19 Filed June 3 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 4:47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to June 2 1948 and that I last saw him alive on June 2 1948.

Immediate cause of death: (a) Atelectasis, fetalis — Duration

Due to: —

Due to: —

Other Conditions: Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

6f autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Chamberlain

Address Union Memorial Hosp. Date signed 6/5/48

VS 150

63825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. 663825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital 14-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

(a) FULL NAME ROBERT JOSHUA LAWTON

(b) If veteran, name war WW I

3 (c) Social Security Account No. 705-05-2297

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

(b) Name of husband or wife Irene Habkemeier Lawton

6 (c) If alive, give age 48 years

Birth date of deceased (mo., day, yr.) October 13, 1900

AGE: Years 47 | Months 7 | Days 20 | If less than one day ____ hr. ____ min.

Birthplace Balto., Md.
(Town, county, and state)

11. Usual Occupation Utilityman

11. Industry or business Seafarer

12. Name George W. Lawton

13. Birthplace Md.

14. Maiden Name Lillian Estelle Lockerman

15 Birthplace Md.

(a) Informant Records

(b) Address US Marine Hospital

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/48 (month) (day) (year)

(c) Cemetery or crematory National

Location Balto., Md.

(a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

(a) JUN 2 - 1948 (Date received by registrar) (b) Interment Witness M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 2 1948, and that I last saw him alive on June 2 1948

Immediate cause of death Pneumonia, lobular, hemorrhagic, left lower lobe — Duration: less than 1 wk.

Due to

Due to

Other Conditions Horseshoe kidney; Ulcer, gastric (unknown duration) — Congenital

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ax above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Nelson M. D.
Address SA Surgeon (R) Date signed 6/2/48

VS 186

Wm. B. Helfrich, M.D. per: Earl L. Rose M.D. 107

3826

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 663826

CERTIFICATE OF DEATH 47c

Registered No. 663826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Marley Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. Woodall St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert W Gatt.

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: D

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 24 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant HENDERSON FUNERAL HOME
(b) Address BRISTOL TENN.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)
(c) Cemetery or crematory
Location BRISTOL TENN.

18 (a) Funeral director Wm Cook Inc.
(b) Address 17 St PAUL ST.

19 (a) JUN 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1/48 19 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1948 to 6/1 1948.
and that I last saw h[illegible]live on 6/1 1948.

Immediate cause of death Respiratory Paralysis — Duration 1 hr.
Due to metastatic carcinoma — 5 mo.
Due to brochogenic carcinoma
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Brochogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H D Cook M.D.
Address 1213 Light St Date signed 6/2/48

VS 150

63827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862

Registered No. G63827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED
(a) State W. Va. (b) County.....
(c) City or town Logan
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME John W. White

3 (b) If veteran, name war World War #2

3 (c) Social Security Account No..

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruby White

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) July 3, 1918 (1920)

8. AGE: Years 29 (28) | Months 10 | Days 28 | If less than one day ....hr. ....min.

9. Birthplace Roane Co. W. Va.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business unemployed

12. Name (Husband) A. W. White

13. Birthplace Va Roane W. Va.

14. Maiden Name (Wife) Mary E. Tawney

15. Birthplace (Husband) W. Va.

16 (a) Informant (Hopkins Funeral Home) Brunswick

(b) Address Logan W. Va.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6/3/48 (month) (day) (year)

(c) Cemetery or crematory.....
Location Logan, West Virginia

18 (a) Funeral director Wm. Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 2 - 1948 (Date rec'd by registrar) (b) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948, at 3 45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from; natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull with Epidural hematoma

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-1-48 at approx. 1 A.M. 4/1
(b) Where did injury occur? Wholesale Market Place
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by Ground

23. Signature Earl L. Boyd M.D.
Medical Examiner.
Date signed 6-2-48

VS 151

G63828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G63828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Cougle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Chas Cugle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 5, 1874
8. AGE: Years 74 Months 1 Days 28 If less than one day hr. min.
9. Birthplace Balto Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
12. Name Grafton Barrett
13. Birthplace Balto Co. Md.
14. Maiden Name Eliz. Gill
15. Birthplace Balto Co. Md.
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (month) (day) (year)
(c) Cemetery or crematory Gessops
Location Sparks
18 (a) Funeral director Landon M. Brooks
(b) Address JOHNS HOPKINS HOSPITAL Sparks Md.
(c) Date rec'd by registrar 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 11 4 M
21. I certify that death occurred on the date above stated; that I attended deceased from 6-3-1 1948, to 6-3-48 1948, and that I last saw h[illegible] alive on 6-3- 1948.

Immediate cause of death	Duration
Coronary occlusion	24 hrs
Due to unknown	
Due to unknown	
Other Conditions unknown	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ford S Hemer M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-3-48

VS 150 Released to Hospital X

3829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

✓ G63829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 N. Eutaw st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAURICE GLOVEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Clara M. Glover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 14th 1872

8. AGE: Years 76 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace: Penna.
(Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Keith's Theater

FATHER
12. Name: Thomas Glover
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Katherine (Unknown)
15. Birthplace: Ireland

16 (a) Informant: Clara M. Glover
(b) Address: 238 N. Eutaw st.

17 (a) Burial (b) Date thereof 6/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul st.

19 JUN 4 - 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1948, to June 3 1948, and that I last saw him alive on June 2 1948.

Immediate cause of death	Duration
(a) Cerebral hemorrhage	
Due to (b) Cerebral arteriosclerosis	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Alfred Gatchell M. D.
Address Univ. Hosp. Balto. Date signed 6-3-48

X

3830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1447

Registered No. 63830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 650 Dumbarton Ave.
(c) Hospital or institution:
a
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 Dumbarton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eloise M. Litchfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband Everett H. Litchfield

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) July 20 [illegible]

8. AGE: Years 9 (20) | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

12. Name Leon Landry

13. Birthplace Unknown

14. Maiden Name Alla

15. Birthplace "

(a) Informant Everett H. Litchfield

(b) Address 650 Dumbarton Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer

Location Balto. Md.

(a) Funeral director William Cook Inc.

(b) Address 1210 St. Paul St.

JUN 4 - 1948 (Date rec'd by registrar) Covington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 48 at 6-25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Toxemia of pregnancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Earle Ryan M.D.
Medical Examiner.

Date signed 6-3-48

VS 131

X

3831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 2 & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 McElderry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Louis Craig SR

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Rena Christine Craig
6 (c) If alive, give age: alive ? years

7. Birth date of deceased (mo., day, yr.) 6/18/97

8. AGE: Years	Months	Days	If less than one day
50	11	13	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Police Dept. Balto.
11. Industry or business PATROLMAN City.

FATHER
12. Name James Craig
13. Birthplace Maryland

MOTHER
14. Maiden Name Cora Givins
15 Birthplace Maryland

16 (a) Informant (Wife) MRS. RENA C. CRAIG
(b) Address (Same) 3024 McELDERRY ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/5/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTIMORE, MD.

18 (a) Funeral director WM. J. TICHNER & SONS
(b) Address BALTO, MD.

19 (d) JUN 4 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1/48 19..., at 8 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10/48 19... to 6/1/48 19...
and that I last saw him alive on 6/1/48 19...

Immediate cause of death	Duration
Pulmonary infarction	
Due to Pulmonary embolism	Immediate
Due to Congestive Heart Failure Imo. due to Arteriosclerosis Hypertensive	
Other Conditions Cardiovascular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Guy M. Fox, M.D.
Address Union Memorial Date signed 6/1/48 M.D.

Hosp 111a

3832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. 663832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 GARRISON BLVD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 GARRISON BLVD.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME LILLIAN MAUDE WOMBLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. yes

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife WILMER RICHARD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1887

8. AGE: Years 61 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace BALTO., MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name MORGAN DAVIS SADTLER

13. Birthplace BALTO, MD.

14. Maiden Name ANNIE M. QUICK

15. Birthplace BALTO. MD.

16 (a) Informant MRS. FRED WALKER

(b) Address 2216 GARRISON BLVD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

(c) Cemetery or crematory GREENMOUNT

Location BALTO., MD.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address BALTO., MD.

19 (a) JUN 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1948, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1948 to June 1 1948 and that I last saw h-ed alive on June 1 1948.

Immediate cause of death: Cerebral hemorrhage and paralysis — Duration: 4 days

Due to: Advanced arterio sclerosis — Duration: ?

Due to: —

Other Conditions: Hypertension — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold E Mublitt M. D.

Address 2220 Garrison Blvd Date signed 1/2/48 X

63833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 63833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 PENTRIDGE, RD.
(c) Hospital or institution: PENTRIDGE ARTS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town) PENTRIDGE HTS-LOCH RAVEN BLVD
(d) Street No. 1 ARLINGTON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MILTON KERSHAW

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-5872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife HARRIET ELIZABETH
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) FEB. 10, 1898

8. AGE: Years	Months	Days	If less than one day
50	3	22	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation ASSISTANT MANAGER
11. Industry or business NORTH & PENTRIDGE DRIVE

FATHER
12. Name SHERB KERSHAW
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name ELLA MAY STUCKSDALE
15. Birthplace MARYLAND

16 (a) Informant MRS. HARRIET E. KERSHAW
(b) Address 1507 PENTRIDGE, RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)
(c) Cemetery or crematory ST MARY'S HAMPDEN
Location BALTO., MD.

18 (a) Funeral director WM J. TICHNER & SONS
(b) Address BALTO., MD.

19 (a) JUN 4 - 1948 (Date rec'd by Registrar) (b) Transcription for Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 2, 1948 at 7 44 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 2 1948 to JUNE 2 1948, and that I last saw him alive on JUNE 1, 1948.

Immediate cause of death	Duration
Acute Coronary Thrombosis	Sudden
Due to Coronary Sclerosis	7 years?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Carlyon M. D.
Address 4230 York Road Baltimore Date signed 6-2-48

VS 150

63834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 83a

63834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 EUTAW PLACE
(c) Hospital or institution: TWILIGHT NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1YR-6MO
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. FULTON AVE. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME: JAMES ROBERT WILSON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NO

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SUSANNA C. WILSON

6 (c) If alive, give age 6[illegible] years

7. Birth date of deceased (mo., day, yr.) MARCH 10, 1865

8. AGE: Years: 83 | Months: 2 | Days: 24 | If less than one day: hr. min.

9. Birthplace GALENA MD. (Town, county, and state)

10. Usual Occupation RETIRED MACHINIST

11. Industry or business

MOTHER'S MAIDEN NAME

12. Name UNKNOWN

13. Birthplace

FATHER

14. Maiden Name UNKNOWN

15. Birthplace

16 (a) Informant MR. FRANCIS E. WILSON

(b) Address 3804 WOODRIDGE RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/5/48 (month) (day) (year)

(c) Cemetery or ~~crematory~~ LURRAINE

Location BALTO. CO., MD.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address BALTO., MD.

19 (a) JUN 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1948, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1943, to 6/2 1948

that I last saw him alive on June 1 1948

Immediate cause of death	Duration
Subarachnoid Hemorrhage	2 wks
Due to Arteria-sclerosis	12 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Todd M.D.

Address 2108 St. Paul St. Date signed 6/3/48

VS 152

63835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 186a

Registered No. 063835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Guckenberger

3 (b). If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 15-1871

8. AGE: Years 76 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Nicholas Bourgal

13. Birthplace Germany (Dec'd)

14. Maiden Name Caroline Buck (Dec'd)

15. Birthplace Germany

16 (a) Informant WALTER WEHRENZ

16 (b) Address 530 E. COLD SPRING LANE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-5-48 (month) (day) (year)

17 (c) Cemetery or crematory ST PAULS CEM

Location VIOLETSVILLE MD

18 (a) Funeral director Mrs Chas A J Rohde

18 (b) Address 2327 Edmondson Ave

19 (a) JUN 4 - 1948 (Date rec'd by registrar) (b) Registrar for Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1948, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3:29 1948 to 6-2 1948, and that I last saw her alive on 6-2 1948.

Immediate cause of death Heart Failure — Duration

Due to Arteriosclerotic Cardiovascular disease.

Due to

Other Conditions FRACTURE LEFT HIP
(Include pregnancy within 3 months of death)

Date of operation 3-29-48

Major findings of operation: Application of Rogers Anderson Appl.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-22-48 at ? M
(c) Where did injury occur? 2513 W. Fairmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Jose A. Valdivia

23. Signature Jose A. Valdivia M. D.

Address Agnes Hospital Date signed 6-2-48

Examined for Williams, M.D. by Chester J. Swindell M.D. per Earl K Rogers M.D.

63836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92c

Registered No. 63836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 Orchard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 558 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: LILLIE M. BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1896

8. AGE: Years	Months	Days	If less than one day
51	8	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Ayron Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Mary S. Williams
15. Birthplace Md.

16 (a) Informant Mr. Preston Brown
(b) Address 5613 Crossbill Road-Holibird

17 (a) Burial (b) Date thereof 6-6-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star Cem.
Location Catonsville, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUN 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1948, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1948 to June 3 1948, and that I last saw h[illegible] alive on June 3 1948

Immediate cause of death	Duration
(a) Uremia Hypertension	2 days
Due to (b) Arterial Sclerosis	8 days
Due to	
Other Conditions: Senile arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. A. Feeney M. D.
Address 1420 E. Chase Date signed 6-4-48

VS 160

63837 GW. 119993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G63837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave,
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Fayette ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (d) Social Security Account No. 212-12-4494

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Ethel Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11- ?

8. AGE: Years	Months	Days	If less than one day
68 ?	6	20	hr. 1879 min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

12. Name ?
13. Birthplace ?
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6-7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Wm. A. Kennedy
(b) Address 578 W. Biddle St.

19 (a) JUN 4 - 1948 (b) Registrar
(Date filed by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 31 - 1948, at 4 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 - 1948 to 5- 31- 1948, and that I last saw h im alive on 5- 31- 1948.

Immediate cause of death Septicemia — Duration

Due to Pneumococcal bronchopneumonia bilateral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Vinke M.D.
Address Balto City Hosp Date signed June 48

3838 BC-48-10584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 107

Registered No. 063838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 N. Durham St
(c) Hospital or institution:
6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 N. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country

3 (a) FULL NAME Beatrice Josephine Whitaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/48

8. AGE: Years | Months | Days | If less than one day
2 weeks | - | 13 | hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Whitaker
13. Birthplace Halifax Co. N. C.

MOTHER
14. Maiden Name Beatrice Dickens
15. Birthplace Rocky Mount N. C.

16 (a) Informant Bertha Whitaker
(b) Address 2211 N. Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy C. Wilson
(b) Address 1002 Bibbby ave

19 (a) JUN 4 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

6-2-48

MEDICAL CERTIFICATION Warren

20. DATE OF DEATH June 2 1948, at 11.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1948, to 6/2 1948, and that I last saw h[illegible] alive on 6/2 1948.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Rogers M. D.
Address 822 N. Broadway Date signed 6/4/48

VS 150

63839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 82a

Registered No. 063839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 CARLISLE Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and name town)
(d) Street No. 3407 CARLISLE Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE B. COCHRAN

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife HARRY A. COCHRAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) APR. 3, 1875

8. AGE: Years 73 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace DEL. OHIO
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

MOTHER / FATHER

12. Name JOSHUA D. BREYFOGLE

13. Birthplace OHIO

14. Maiden Name MARY DIXON

15. Birthplace WALES

16 (a) Informant MR. JOHN A. COCHRAN

(b) Address 509 TITLE BLDG

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year)

(c) Cemetery or crematory LORRAINE

Location BALTO. CO. MD

18 (a) Funeral director WM. T. TICKNER & SONS

(b) Address BALTO, MD

19 (a) JUN 4 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2/48, at 11 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1920 to JUNE 2 1948, and that I last saw her alive on JUNE 2 1948.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE	36 HOURS
Due to HYPERTENSION	25 YRS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Hoffman, M. D.
M. D.

Address 8 East Read St Date signed 6/2/48

X

63840 BALTIMORE CITY HEALTH DEPARTMENT 63840

CERTIFICATE OF DEATH 134a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida h. Klausmeyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1 1873

8. AGE: Years 74 | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

MOTHER FATHER

12. Name Samuel S. Powell
13. Birthplace Snowhill Md
14. Maiden Name Elizabeth Innes
15. Birthplace Balto.

16 (a) Informant Stephen M Klausmeyer
(b) Address 330½ Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Dippel Bros.
(b) Address 1800 E. Lombard St.

19 (a) Filed June 4 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1947, to 6/1/48 1948, and that I last saw h[illegible] alive on 6/1/48.

Immediate cause of death — Duration

Uremia — 3 m.
Due to Bilateral Renal Neurofibroma — ?
Due to Renal Calculi CALCULI — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Sanders M. D.
Address 100 N. Milton Ave Date signed 6/3/48

G63841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 52a

G63841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 N. CAROLINE ST.
(c) Hospital or institution: ST. JOSEPHS HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56d.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 N. HILTON AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME George J. GEHRING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/80

8. AGE: Years 68 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace BALTIMORE (Town, county, and State)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Nicholas Gehring
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Hartlove
15. Birthplace Baltimore, Md.

16 (a) Informant Anna M. Miller
(b) Address 145 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or ~~[illegible]~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 48 at 5 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 19 48 to 6/2 19 48 and that I last saw him alive on 6/2 19 48

Immediate cause of death	Duration
MYOCARDIAL FAILURE	
Due to ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	
Due to	
Other Conditions CA, LEFT KIDNEY & LUNG METASTASES (RT)	

(Include pregnancy within 3 months of death)

Date of operation 5/28/48

Major findings of operation: CA, RT LUNG

of autopsy: CA, LEFT KIDNEY

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry P. Porter M.D.
Address St. Jos. Hosp Date signed 6/2/48

Huntington Williams, M.D.

X

63842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 063842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Plaza Apts. Park Ave & Wilson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Park Ave & Wilson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rhoda Cooke Le Lauyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorce

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 4 1881

8. AGE: Years 67 | Months 3 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name John H. Cooke

13. Birthplace Maryland

14. Maiden Name Susan Lesly

15 Birthplace Maryland

16 (a) Informant M. Rita Le Lauyer

(b) Address Plaza Apts Wilson & Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-48 (month) (day) (year)

(c) Cemetery or crematory Midland Memorial Co

Location Taylor Ave

18 (a) Funeral director John C Mason

(b) Address 3300 E Baltimore St

19 (a) JUN 4 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1947, to June 2 1948, and that I last saw her alive on June 2 1948.

Immediate cause of death	Duration
Coronary artery disease.	
Due to Arterio-sclerotic heart disease.	5 yrs.
Due to	
Other Conditions Bronchial asthma Carcinoma of breast.	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George W. Mungatroyd M.D.

Address 114 St. Paul St. Date signed 6/4/48

Mungatroyd 935

663843

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-11577 CERTIFICATE OF DEATH V 161a

Registered No. 663843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hosp. 13
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 4
(e) Length of stay in Baltimore (~~yrs., mos.~~, or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Co.
(d) Street No. 2303 Clermont Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Deborah Joy Markulis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) 5/30/48

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Thomas Markulis
13. Birthplace N. Lodus, Greece

MOTHER
14. Maiden Name Marian Carter Holtzer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Markulis
(b) Address 2303 Clermont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location

18 (a) Funeral director Lazzaro Bivera
(b) Address 5025 Park Heights Ave

19 JUN 4 - 1948 (Date rec'd by registrar) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1948, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1948 to 6/3 1948, and that I last saw h~~e~~r alive on 6/3 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Atelectasis - bilat.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury.....

23. Signature Walter L. Lockley M.D.

Address Franklin Sq. Hosp. Date signed 6/3/48

VS 150

X

63844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/13B

Registered No. 63844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 S. Patterson Pk. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 S. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Bulaszyk (Bullack)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Magdalina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19/1887

8. AGE: Years	Months	Days	If less than one day
60	2	15	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business No Record

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Frank Bulaszyk
(b) Address 619 S. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June /48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozmanski
(b) Address 1930 Eastern Ave Baltimore Md

19 (a) JUN 4 - 1948 (Rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 5 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1948 to June 3 1948, and that I last saw him alive on June 3 1948

Immediate cause of death	Duration
Congestive Cardiac Failure	36 hrs
Due to Chronic Myocarditis	One yr.
Due to	
Other Conditions Bilateral Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Lee Litt D.
Address 601 N. Broadway Date signed 6/4/48

VS 150

937

63845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2545 W Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR ARMSTRONG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle Dunham

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 72 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Md Drydock

FATHER
12. Name James Armstrong
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr Carroll Armstrong
(b) Address Finksburg, Carroll Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director John F Kenny Inc
(b) Address 715 Light St

19 JUN 4 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/48 19____; at 7:30 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? ____ While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 6/4/48

63846

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 61

Registered No. G63846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6914 Fait Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Pope

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eli Pope

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 7-1893

8. AGE: Years 56 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Roumania
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Charles Dream

13. Birthplace Roumania

14. Maiden Name Unknown

15 Birthplace

16 (a) Informant Eli Pope

(b) Address 6914 Fait Ave. Balto 24 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-48 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd.

(a) Funeral director John G. Connelly

(b) Address 418 Eastern Ave. Essex

(a) JUN 4 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 5:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10/48 19 to 6/3/48 19, and that I last saw h[illegible] alive on 6/3/48 19.

Immediate cause of death: Repeating [illegible]

Due to Cerebral Hemorrhage

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Powell, Jr. M. D.

Address 9 [illegible] Date signed 6/3/48

J. H. Powell, Jr. 832

VS 150

3847 BALTIMORE CITY HEALTH DEPARTMENT G63847

CERTIFICATE OF DEATH 1923

Registered No. G63847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Elrino Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Michael A. Russo Russo

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-0756

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Josephine A. Russo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4 1918

8. AGE: Years 29 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Doorman

11. Industry or business Restaurant

12. Name Agostino Russo

13. Birthplace Italy

14. Maiden Name Carmela Franco

15. Birthplace Italy

16 (a) Informant Josephine A. Russo (Wife)

(b) Address 1303 Elrino Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1948 (month) (day) (year)

(c) Cemetery Holy Redeemer

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Dilbert

(b) Address 322 S. High St.

19 (a) JUN 4 - 1948 (rec'd by registrar) (b) Huntington Williams (registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1948, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1948, to June 3 1948, and that I last saw him alive on June 3 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic valvular heart disease	
Due to (with mitral stenosis + valvular insufficiency)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar T. Rosen M. D.

Address St. Joseph's Hospital Balto. Md. Date signed June 3/48.

X

63848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2228 W. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen D. Schaut

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Late Wm. H. Schaut

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1876

8. AGE: Years 72 | Months 3 | Days 23 | If less than one day ____hr. ____min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Chas. H. Jubenville
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Elizabeth
15. Birthplace Canada

16 (a) Informant Lillian M. Lamblin
(b) Address 580 McAllister St San Francisco Cal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/38 (Month, day, year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wintzle
(b) Address 1911 Edmondson Ave

19 (a) JUN 4 1938 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1938, at 6 50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury [redacted] at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. A. Gabrielsen M.D.
Medical Examiner.
Date signed 6-2-38

VS 151

63849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 63849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) ——

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Phoenix (rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. ——
(If rural give location)
(e) Citizen of foreign country? —— (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Noland

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife ——
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 15, 1893
8. AGE: Years 54 | Months 11 | Days 19 | If less than one day: ____ hr. ____ min.
9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business General
12. Name of Father Nelson Noland
13. Birthplace of Father Unknown
14. Maiden Name of Mother Martha Hall
15. Birthplace of Mother Harford Co. Md.
16 (a) Informant Mrs. Jessie Jones
16 (b) Address Phoenix, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 6 48 (month) (day) (year)
17 (c) Cemetery or crematory Union Chapel
Location Monkton Md.
17 (a) Funeral director Martin & Hurst
17 (b) Address Parkton, Md.
JUN 4 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** June 3 1948, at 8 PM
21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on June 3 1948.

Immediate cause of death	Duration
Respiratory failure of cerebral origin	
Due to Subarachnoid hemorrhage	
Due to Atherosclerotic vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ——
Major findings of operation: ——
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Fred R. McCrumb Jr. M. D.
Address University Hosp. Date signed 6-4-48

VS 159

Fred R. McCrumb X

663850

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH / 82a

663850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LOMBARD & GREEN ST.
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town ESSEX
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 EASTERN AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. DOROTHY HARRIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or ~~wife~~ FREDERICK C. HARRIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/22/1910

8. AGE: Years	Months	Days	If less than one day
37	5	12	hr. min.

9. Birthplace N.Y.C. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business
12. Name ROBERT McDONALD
13. Birthplace JERSEY CITY N.J.
14. Maiden Name MARGARET DELANEY
15. Birthplace NEW YORK CITY
16 (a) Informant FREDERICK C. HARRIS
(b) Address 1025 EASTERN AVE ESSEX, MD
17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6/4/48 (month) (day) (year).
(c) Cemetery or ~~crematory~~ GREENWOOD
Location BROOKLYN N.Y.
18 (a) Funeral director WILLIAM COOK INC
(b) Address 1217 ST. PAUL ST.
6-4-1948 Registered by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/48 19 , at 1:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/48 19 to 6/4/48 19 , and that I last saw her alive on 6/3/48 19 .

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Disseminated Lupus Erythematosus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 6/4/48

VS 130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63851 BC-48-11658 159 Registered No. 63851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Md. Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs. 10 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Brunt St. Balt. #17
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gale

3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Premature.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-48

8. AGE: Years — | Months — | Days — | If less than one day 4 hr. 10 min.

9. Birthplace University Md. Hospital.
(Town, county, and state)

10. Usual Occupation Premature

11. Industry or business

FATHER 12. Name Asbury Hankford Gale
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Frances Dorsey
15. Birthplace Balt. Md.

16 (a) Informant Mother.
(b) Address 1502 Brunt St. Balt. (17) Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

(Date received by registrar) JUN 4 - 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1948, at 3.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1948, to 5-31 1948, and that I last saw him alive on 5-31 1948.

	Duration
Immediate cause of death: Central anopia	
Due to: Congenital atelectasis	
Due to: Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. C. Losey, Jr. M. D.
Address University Md. Hospital Date signed 5-31-48

University Medical School
JUN 4 1948
Commissioner of Health
Baltimore, Md.

63852 BC-H72008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C63852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Preston St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Harrell

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1948.

8. AGE: Years	Months	Days	If less than one day
0	-	2 days	hr. min.

9. Birthplace Univ. Hosp. Baltimore Md.
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Donald Harrell
13. Birthplace Balt.

MOTHER
14. Maiden Name Deborah Red Harrell
15. Birthplace Balt.

16 (a) Informant Deborah Harrell
(b) Address 1432 Preston

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location University Medical School JUN 4 1948

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 JUN 4 1948 (Date rec'd by local registrar) (Signature of local registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948 to June 2 1948 and that I last saw him alive on June 1 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Internal atelity	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....
23. Signature Robert C. Hunter, M.D.
M. D.
Address Univ. Hosp. Date signed 6-2-48

X

G63853

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1820

G63853
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Dennison
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Second St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JOHN CONLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	170-03-1295

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 12, 1899

8. AGE: Years	Months	Days	If less than one day
49	1	22	hr. min.

9. Birthplace Collier, W.Va.
(Town, county, and state)
10. Usual Occupation Messman
11. Industry or business Seafarer

FATHER
12. Name Wm. J. Conley
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Hart
15. Birthplace Ohio

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (b) Date thereof June 7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ohio
Location Dennison
18 (a) Funeral director Ellsworth Dennison
(b) Address 311 Sibley Huntington, W.Va.
19 (a) 6-1948 (b) Huntington, W.Va.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 8:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948, to June 3 1948, and that I last saw him alive on June 3 1948.

Immediate cause of death	Duration
Cerebral thrombosis, left internal carotid artery	Few Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 6/4/48

G63854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63854 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3611 Fairhaven Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Fairhaven Ave 24
(If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME George T. Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No. 018-16-5762

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rebecca J. Hudson

6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) March 11-(1862)

8. AGE: Years 81 | Months - 2 | Days - 28 | If less than one day hr. min.

9. Birthplace Georgetown S.C.
(Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business Self

FATHER
12. Name Frank Hudson
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McCusker
15. Birthplace Ireland

16 (a) Informant Mr Geo. Hudson
(b) Address 3611 Fairhaven Ave 24

17 (a) Burial (b) Date thereof June 7-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Peters Cemetery
Location Queenstown Md

18 (a) Funeral director Milton Dehelbig
Address 3614 Hanover St - 25 Fond

19 (a) JUN 2 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1948, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 6/3 1948 and that I last saw h[illegible] alive on 6/1 1948.

Immediate cause of death: Arteriosclerotic heart disease — Duration:
Due to Generalized arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Julius Loeb M. D.
Address 1900 N Charles St. Date signed 6/4/48

VS 150

G63855 G63855

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1248

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Anne Arundel
(c) City or town Pa
(If outside city or town limits, write RURAL and give town)
(d) Street No. Poplar Ridge Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ethel Mc Kelden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife William Mc Kelden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 - 1888

8. AGE: Years 60 | Months 58 | Days 5 | 28 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Home

FATHER 12. Name Vincent Snowden
13. Birthplace Hackettsville Md

MOTHER 14. Maiden Name Emily A Gotwell
15. Birthplace Woodensville Md

16 (a) Informant Elmer W. Snowden Sr
(b) Address 3618 2nd Ave - 25

17 (a) Burial (b) Date thereof June 5-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Gov. Ritchie Highway

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St

19 (a) [illegible] (b)
(Date rec'd by registrar) Acting for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1948, at 8.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1948 to 6-2 1948 and that I last saw her alive on 6-2 1948.

Immediate cause of death Respiratory Failure
Due to Arterio Vein Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Total Coronary
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Peters
Address Bon Secours Hosp Date signed 6-2-48

VS 150

63856

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 102

Registered No. G63856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Belmont Ave
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Whiteford (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Bryan Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1926

8. AGE: Years: 19 | Months: 8 | Days: 15/24 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John L Walker
13. Birthplace Penn.

MOTHER
14. Maiden Name Oleta Boyle
15. Birthplace Maryland

16 (a) Informant John L Walker
(b) Address Whiteford Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 48 (month) (day) (year)
(c) Cemetery or crematory Fotherdale
Location Whiteford, Md

18 (a) Funeral director W. P. Harkins
(b) Address Delta, Pa,

19 JUN 5 - 1948 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1948, at 9.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death malignant hypertension with terminal uremia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Richard Bruce M. D.
Address Union Memorial Hosp. Date signed 6/4/48

X

63857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence F Bowen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Geo. W. Bowen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29th 1894

8. AGE: Years 53 | Months 7 | Days 5 6 | If less than one day hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Francis Parrish
13. Birthplace: Md.

MOTHER
14. Maiden Name: Clara (Unknown)
15. Birthplace: Md.

16 (a) Informant: George W. Bowen
(b) Address: 2025 W. Saratoga St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/8/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St.

JUN 5 - 1948
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 15t

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 5:01 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Cerebral Hemorrhage

Due to

Other Conditions: A.S.C.V.D.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Frank L. Royster M.D.
Medical Examiner.

Date signed 6-5-48

83a

663858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Sheffield Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Sheffield Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary B. Roeder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22nd 1871

8. AGE: Years 75 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jacob Roeder

13. Birthplace Germany

MOTHER 14. Maiden Name Christine Zeiter

15. Birthplace Germany

16 (a) Informant Mrs Walter L. Knell

(b) Address 1514 Sheffield Rd.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/5/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1948 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to JUNE 3 1948 and that I last saw h~~er~~ alive on JUNE 2 1948.

	Duration
Immediate cause of death acute Cardiac dilatation	10 hrs.
Due to Hypertension Cardio-vascular renal disease	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.

Address 3902 Greenmount Ave Date signed June 3, 48

3859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G63859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3161 Ravenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3161 Ravenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel U. Blaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Geo. W. Blaney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1886

8. AGE: Years: 61 | Months: 9 | Days: 14th | If less than one day: hr. min.

9. Birthplace Cardiff Wales
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Richard Henry Uren
13. Birthplace Cornwall, England

MOTHER
14. Maiden Name Rose Gill
15. Birthplace South Wales

16 (a) Informant Dr. N. N. Crawford
(b) Address 3161 Ravenwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a). Funeral director William Cook Inc.
(b) Address 1217 E. Pratt St

19 JUN 5 - 1948 Date rec'd by Registrar Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1948, to June 3 1948, and that I last saw her alive on June 3 1948.

Immediate cause of death	Duration
Ventricular Fibrillation & decompensation	
Due to Rheumatic Carditis Mitral Stenosis and Enlarge-	
Due to ment and Pulatation. Phlebo-Thrombosis left Sub Clavian	
Other Conditions Gen. Sepsis Chronic Cholecystitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive Date signed 6/4/48

63860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamphrett Ave
(c) Hospital or institution: Pine Ridge Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Hamphrett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beulah May Dail

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
Female	White	Divorced

6 (b) Name of husband or ~~wife~~ Thomas C. Dail

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23rd 1878

8. AGE: Years	Months	Days	If less than one day
69	9	9	hr. min.

9. Birthplace Greena Boro Md.
(Town, county, and state)

10. Usual Occupation Surveyor

11. Industry or business Union Memorial Hospital

FATHER
12. Name Benjamin Silverthorn
13. Birthplace Unknown

MOTHER
14. Maiden Name Josephine "
15. Birthplace "

16 (a) Informant Mrs Ruth D. Mendelson
(b) Address Miami Fla.

17 (a) Burial (b) Date thereof 6/5/48
(Burial, ~~cremation~~, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Paul St

19 (a) JUN 5 - 1948 (b) Funeral Director
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1948, at 6 20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1948 to 6/2 1948 and that I last saw h[illegible] alive on 6/2 1948

Immediate cause of death Chronic Myocarditis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Holley M. D.
Address 5703 Hamphrett Ave Date signed 6/4/48

X

G63861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G63861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Burgundy St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip S. Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Laura Hardy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1st 1915

8. AGE: Years 33 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Electrician

11. Industry or business

FATHER
12. Name: James Hardy
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary C. Miller
15. Birthplace: Md.

16 (a) Informant: Laura Hardy
(b) Address: 622 W. Fayette St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Balto.
Location: Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Routing for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 1:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH: Blunt wound of Head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-3-48 at 1:00 P.M.
(b) Where did injury occur? 926 Burgundy St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury: Struck by Instrument

23. Signature: [signature] M.D. Medical Examiner.
Date signed 6-3-48

VS 151

G63862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 46E

Registered No. G63862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT ST.
(c) Hospital or institution: MERCY HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 D.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. NORTH AVE.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EBERLE ROSS ELY (Eberle Ross Ely)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 219-01-2915

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: BESSIE C. ELY

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) JULY 29, 1883

8. AGE: Years 64 | Months 10 | Days 4 | If less than one day: hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation CLERK

11. Industry or business State of Maryland

FATHER
12. Name WM. R. ELY
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name KATE CLAYTON
15. Birthplace A. A. Co. Md

16 (a) Informant ADM. SUP.
(b) Address Mrs. Bessie C. Ely (wife) 225 E. North Ave. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 '48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director Stewart & Mowen Company
(b) Address 125 W. North Ave, City

19 JUN 5 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1948, at 4 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1948 to 6/2 1948 and that I last saw h/ alive on 6/2 1948.

Immediate cause of death CARDIO-RESP. FAILURE — Duration

Due to ACUTE INTESTINAL OBSTRUCTION

Due to CARCINOMA OF SIGMOID

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5/31
Major findings of operation: CARCINOMA OF SIGMOID.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elden H. Pertz M. D.
Address Mercy Hosp. Date signed 6/2/48

VS 150

663863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

663863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5114 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8
(e) Length of stay in Baltimore (yrs., mos., or days) 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~
(c) ~~City or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Gwynn Oak Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanore Emilie Kraus Knierim

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Knierim
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 17, 1869

8. AGE:	Years	Months	Days	If less than one day
	78	6	19	..... hr. ..... min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation None ~~Housewife~~
11. Industry or business

FATHER
12. Name Henry Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Holstein
15. Birthplace Germany

16 (a) Informant Miss Ottilie Knierim
(b) Address 5114 Gwynn Oak Ave. Balt. 7, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Balto. Co., MD

18 (a) Funeral director Wm. J. Tilghman & Sons
(b) Address Balto

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1948, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1948, to June 4, 1948, and that I last saw her alive on June 4, 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	48 hours
Due to Hypertensive Cardio-Vascular Disease	11 years
Due to	
Other Conditions Arteriosclerotic Cardio vascular renal disease	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Millard T. Traford Jr. M.D.
Address 3400 Woodbine Ave. Balt. 7, Date signed 6/8/48

VS 150

937

663864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 663864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.O.A
(b) Street address 2904 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Woodland Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME ELIZABETH W RENISH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife JOSEPH M. RENISH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 24, 1884

8. AGE: Years 63 | Months 6 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name FREDERICK WERNER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MR. JOSEPH M. RENISH
(b) Address 2904 WOODLAWN AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO., MD.

18 (a) Funeral director WM. J. TURNER & SON
(b) Address BALTO., MD.

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1948 at 1.30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h-r death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature E. C. Poulton M.D.
Medical Examiner.
Date signed 6/7/48

VS 151

63865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. 63865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6208 Moss Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Joseph Mozzano

3 (b) If veteran, of what war? 2nd World War

3 (c) Social Security Account No. 212-16-8780

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-1921

8. AGE:	Years	Months	Days	If less than one day
	26	7	6	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Continental Can Co

FATHER
12. Name Frank Mozzano
13. Birthplace Italy

MOTHER
14. Maiden Name Edith Hartman
15. Birthplace Balto

16 (a) Informant Edith Mozzano
(b) Address 6208 Mossway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory Loudon PK
Location Frederick Ave

18 (a) Funeral director Geo. H. Leimbach
(b) Address 1125 N. Eutaw St

19 (a) JUN 5 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 49

20. DATE OF DEATH June 3, 1948, at 5 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain, Bullet wounds of left lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 3 at approx 4:30 P. M.
(b) Where did injury occur? 6208 Moss Way
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearms

23. Signature [signature] M.D. Medical Examiner
Date signed

VS 181

663866

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 39c

Registered No. 663866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Ephraim Harding~~ Ephriam Marion Harding

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Hannah J Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 3, 1871

8. AGE: Years	Months	Days	If less than one day
77	7	1	hr. min.

9. Birthplace Balto. City, Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Quarry

FATHER
12. Name Wm. Joseph Harding
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Mary Edelyne
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Clement Walker
(b) Address Texas

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)
(c) Cemetery or crematory Ashland Presb.
Location Cockeysville

18 (a) Funeral director J. Scott Brooks
(b) Address Parkton, Md.

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 6/4 1948.
and that I last saw h[illegible] alive on 6/4 1948.

Immediate cause of death — Resp Failure — Duration 3 days
Due to Pneumonia
Due to Hy Failure
Other Conditions Unexplained Fever
R M S Fac.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: 6/5/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Neubauer M.D.
Address Univ Md Hosp Date signed 6/5/48 (M.D.)

VS 150

1098

663867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131a

Registered No. 663867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 E. Arlington ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 E. arlington ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Frances Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife James W. Brooks Sr.
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 10. 1869

8. AGE: Years 78 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Mathews Co. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Miller
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Va.

16 (a) Informant James W. Brooks Sr.
(b) Address 1010 E. Arlington ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne arundel Co. Md.

18 (a) Funeral director Wm. J. Chatman Jr
(b) Address 1701 Mt. Carlton St.

19 (a) JUN 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 2330 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 3 1948, and that I last saw h[illegible] alive on June 3 1948.

Immediate cause of death: Cardiac Renal Disease — Duration: 10 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Johnson M. D.
Address 2329 Guilford Ave. Date signed June 1948

X

663868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193D

Registered No. 663868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.14.
(b) Street address 427 E 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E 22nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. DONALD ZIMMERMAN, Sr.
(H. Donald Zimmerman, Sr.) Zimmerman

3 (b) If veteran, name war: World War # 1

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charlotte Zimmerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1896

8. AGE: Years: 52 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Manager-Representive

11. Industry or business: Esslinger Brewing Corp.

FATHER
12. Name: George Zimmerman
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Annie Fraser
15. Birthplace: Canada

16 (a) Informan: Mrs. Charlotte Zimmerman
(b) Address: 427 East 22nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cem
Location: City

18 (a) Funeral director: WIEDEFELD & SON
(b) Address: GREENMOUNT AVE & 22ND

19 (a) JUN 5 - 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1948 at 5 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h.c. death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute myo-
carditis, arteriosclerotic
cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Pelouze M.D.
Medical Examiner.
Date signed 6/3/48

VS 151

G63869 G63869

BALTIMORE CITY HEALTH DEPARTMENT Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just came

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country:

3 (a) FULL NAME Mrs. Bessie Fahnestock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife (deceased) Harry Fahnestock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1877

8. AGE: Years 71 Months 0 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

MOTHER / FATHER

12. Name Joseph Wetherill

13. Birthplace Md.

14. Maiden Name Lydia A. Meechan

15. Birthplace Md.

16 (a) Informant Harry Fahnestock Catonsville

(b) Address 1031 N. Calvert St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1948 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto.

18 (a) Funeral director Landa M. Bruchs

(b) Address 1948 Ellicott City, Md

19 (a) ..... (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 6 1948, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1948, to 6-6 1948, and that I last saw her alive on 6-6 1948

Immediate cause of death	Duration
Cerebral vascular accident	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Johnson M. D.

Address Mercy Hospital Date signed 6/6/48

VS 150

C63870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C63870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 260 E Shirley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reba La Bonwit ~~La Bonwit~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION 45

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE Years	Months	Days	If less than one day hr.	min.
38	2			

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Russia

16 (a) Informant Jerry La Bonwit
(b) Address 4312 Resterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 2166 Eutaw Place

19 (a) 6-6-1948 Filed record [illegible] Washington Williams, M.D. Registrar

20. DATE OF DEATH June 4, 1948 at 10 A.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl R. Ryder M.D.
Medical Examiner
Date signed

VS 151

G63871 BALTIMORE CITY HEALTH DEPARTMENT G63871

CERTIFICATE OF DEATH 41

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT St & RUTLAND AVE.
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** JACOB OPPENHEIMER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Helena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
47	6		hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER 12. Name Marcus
13. Birthplace Germany

MOTHER 14. Maiden Name Theresa
15. Birthplace Germany

16 (a) Informant Helena Oppenheimer
(b) Address 2331 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

6-6-1948 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150 1

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 4, 1948 at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 31, 1948 to JUNE 4, 1948 and that I last saw him alive on June 4, 1948.

Immediate cause of death	Duration
Pulmonary edema.	
Due to Bleeding oesophageal varices (OESOPHAGEAL VARICES)	
Due to Echinococcus involvement liver.	
Other Conditions INVOLVEMENT	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac M. Cushner, M.D.
Address Sinai Hospital Date signed 6-5-48

G63872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 E. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Ruth Rubin
(b) Address 1827 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (month) (day) (year)
(c) Cemetery or crematory United Hebrew
Location Washington Boulevard

18 (a) Funeral director Jacob Lewin Inc
(b) Address 2100 Eutaw Place

19 (a) 6-1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1948, to June 5 1948, and that I last saw he alive on June 5 1948

Immediate cause of death: Coronary Thrombosis — Duration: days

Due to

Due to

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Ashman M.D.

Address 1921 W North Ave Date signed 6/8/48

94a

G63873 BALTIMORE CITY HEALTH DEPARTMENT 1469 Registered No. G63873

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Leastertown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Leastertown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Geartner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1879

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Benjamin
13. Birthplace Poland

MOTHER 14. Maiden Name Not Known
15. Birthplace Poland

16 (a) Informant Hilda Geartner
(b) Address 2403 Leastertown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (month) (day) (year)
(c) Cemetery or crematory Sherrer Tiloh
Location Woodsor Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1948, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1946 to June 5 1948, and that I last saw him alive on June 5, 1948.

Immediate cause of death: Cancer of the pancreas — Duration: 2 years
Due to:
Due to:
Other Conditions: Myocardial degeneration — 2 years.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert E. Rudman M. D.
Address 2517 W. Balto. St. Date signed June 5, 1948

WS 153

G63874 G63874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital 151
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2511 Queen Anne Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLGA MARCUS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~3 Sept~~ 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
74				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Russia

MOTHER
14. Maiden Name Lyla
15. Birthplace Russia

16. (a) Informant Nathan Abramson
(b) Address 407 Wentworth Road

17. (a) Burial (b) Date thereof 6-6-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Beth Tefiloh
Location Druid Park Lake Road

18. (a) Funeral director Jack Lewis Inc
(b) Address 200 Eutaw Place

19. (a) 6 1948 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 June 1948, at 3 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2 May 1948 to 4 June 1948, and that I last saw her alive on 4 June 1948

Immediate cause of death respiratory failure — Duration

Due to pulmonary embolus

Due to thrombosis - portal vein

Other Conditions post mortem - signs of arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 28 May 48

Major findings of operation: thrombosis of portal vein

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Lefkoe M. D.
Address Sinai Hospital Date signed 4 June 48

VS 150

663875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. 663875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2356 McCulloh Street (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME John W. Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4547

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Married

6 (b) Name of husband or wife Nellie C. Watkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1880

8. AGE: Years	Months	Days	If less than one day
68	1	1	.....hr. .....min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Private Home

FATHER
12. Name John W. Watkins
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Simpson
15. Birthplace Md.

16 (a) Informant Nellie C. Watkins (wife)
(b) Address 2356 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (month) (day) (year)
(c) Cemetery or crematory Pikesville Mem. Park
Location Pikesville Balto. Co. Md.

18 (a) Funeral director John M. Powers
(b) Address 1700 Druid Hill Ave.

19 (a) 1948 (Date rec'd by registrar) (b)..... Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 9.50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractured skull followed by acute meningitis, traumatic

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 13/3
(a) Date of injury 5/26/48 6.20 P.M.
(b) Where did injury occur? Holland and Whitelock sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Howard J. Wiedeman M.D. Medical Examiner.
Date signed 6/3/48

Hal 6 G63876 X G63876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 462911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Laura (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4- 1932

8. AGE: Years: 16 years | Months: 2 | Days | If less than one day: hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER

12. Name Ward Jones

13. Birthplace Ohio

MOTHER

14. Maiden Name Lucille Hoaner

15. Birthplace Ohio

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)

(c) Cemetery or crematory Ludow Ohio

Location Lima Ohio

18 (a) Funeral director Chas P. Powell

(b) Address 2427 Edmondson Ave

19 (a) 6/7/48 (Date rec'd by registrar) (b) Huntington Williamson, W. Va.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1948, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4-1948 to 6-5-1948, and that I last saw him alive on 6-5-1948.

	Duration
Immediate cause of death: Cardiac Failure	2 hrs
Due to: Congenital Heart Disease	16 yrs
Due to:	
Other Conditions: [redacted]	

(Include pregnancy within 3 months of death)

Date of operation 5 June 48

Major findings of operation: Pulmonic Stenosis

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Cantrell M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 6 June 48

X

G63877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G63877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Marion Narrichas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 2nd 1948

8. AGE: Years | Months: 5 | Days: 2 | If less than one day: hr min.

9. Birthplace Erie Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony J. Narrichas
13. Birthplace

MOTHER
14. Maiden Name Helen G. Walton
15. Birthplace Va

16 (a) Informant Mrs Narrichas
(b) Address Erie Pa

17 (a) Burial (Burial, ~~cremation~~ or removal) (b) Date thereof 6-7th 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo S. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) 6-1948 (b) (Rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4th 1948, at 4.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-48 to 6-4-48
and that I last saw h[illegible] alive on 6-4-1948

Immediate cause of death: Lobar Pneumonia — Duration: 2 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1001 Patterson Park Ave Date signed 6-6-48

VS 153

G63878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH J. 14

G63878
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 61
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore - 7
(If outside city or town limits, write RURAL and name town)
(d) Street No. 38 Summerfield Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Irene M Snyder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr) 12/15/1916
8. AGE: Years 31 Months 5 Days 20 If less than one day ____ hr. ____ min.
9. Birthplace Front Royal Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Talbert
13. Birthplace Virginia

MOTHER
14. Maiden Name Ettie Cameron
15. Birthplace Virginia

16 (a) Informant Wm Snyder
(b) Address 38 Summerfield ave Balto 7

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City Md.

18 (a) Funeral director H. Nig Hutchison
(b) Address Ellicott City Md

19 (a) 948 (b) ____ (Date received by registrar) ____ Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1948, to 6/5 1948, and that I last saw her alive on 6/5 1948.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Tuberculous meningitis	apprx. 10 wks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert J. Lewicka
Address St. Agnes Hosp. Date signed 6/5/48

X

663879

BALTIMORE CITY HEALTH DEPARTMENT Burke

CERTIFICATE OF DEATH 1937

Registered No. 663879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: 1529 Edmondson Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1529 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Burke

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant
(b) Address 1529 Edmondson Ave.
17 (a) Burial (b) Date thereof 6-7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Mt Calvary
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave,
19 (a) (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 1937, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to A.S.C.V.D.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Rogg M.D.
Medical Examiner.
Date signed 30 May 37

G63880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83a

G63880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Harlem Av
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Harlem Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Blanche Harris Cannoles

3 (b) If veteran, name war —
3 (c) Social Security Account No. — 9 —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry L. Cannoles
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8 1873

8. AGE:	Years	Months	Days	If less than one day
	75	4	1	...hr. ...min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business (retired)

FATHER
12. Name Wm. H. Harris
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma A. Side
15. Birthplace Phila Pa

16 (a) Informant Mrs W. A. Frederick (sister)
(b) Address 2429 Harlem Av. (16)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Edward Mowen Co.
(b) Address 108 W North Ave.

19 (a) 1948 (Date rec'd by registrar) Farrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to June 4 1948, and that I last saw h[illegible] alive on June 2 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	15 days
Due to General Arteriosclerosis	Chronic Years
Due to Old age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D W Keown
Address 1938 Linden Ave Date signed 6/5/48
Balto. 17. Md

VS 150

G63881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G63881 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 E. Preston Street
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City of Baltimore
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 E. Preston Street.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Brewster Hazazer

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Millicent E. Hazazer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt. Jan-19-1888

8. AGE: Years: abt. 60 | Months: 4 | Days: 16 | If less than one day, hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Joseph Hazazer
13. Birthplace: Philadelphia, Penna.

MOTHER
14. Maiden Name: Catherine Hunt
15. Birthplace: Philadelphia, Penna.

16 (a) Informant: Miss. Florence E. Hazazer (sister)
(b) Address: Earl Court Apts., City #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June-7-48 (month) (day) (year)
(c) Cemetery or crematory: North Cedar Hill
Location: Frankford, Penna.

18 (a) Funeral director: Stewart & Mowen Company
(b) Address: 108 W. North Ave., City #1.

18 (c) 6- 1948 (Date rec'd by registrar) (b) Registrar

Huntington Hill

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 94. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948 to June 4 1948 and that I last saw him alive on June 3 1948.

Immediate cause of death	Duration
CEREBRAL Hemorrhage	4 days.
Due to CEREBRAL ARTERIO Sclerosis	2YRS.
Due to	
Other Conditions CORONARY ARTERY Disease (Include pregnancy within 3 months of death)	8 YRS.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elbert H Hunsaker
Address 1801 EUTAW Pl. Date signed 6/5/48 M D

83a

G63882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G63882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 S Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Bethel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Strzyzkowski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Widowed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Mo Record
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant:
(b) Address

17 (a) Burial (b) Date thereof June 7/37
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery Loyola Mutt of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazgueta
(b) Address 1930 Eastern Ave

19 (a) 6-8-37 (b) Burlington White Resident
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1937, at M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: ~~natural causes~~ ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Ruzga M.D.
Medical Examiner
Date signed 6 June

G63883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63883 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Sanford Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Sanford Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Wallace

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	married

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-1879

8. AGE: Years	Months	Days	If less than one day
69	5 4	18	hr. min.

9. Birthplace Harrisburg Pa.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William
13. Birthplace Wheaton Md

MOTHER
14. Maiden Name Mary Allen
15. Birthplace Maryland

16 (a) Informant Beatrice L. Wallace
(b) Address 517 Sanford Pl.

17 (a) Burial (b) Date thereof 6-7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Balto. Md.

18 (a) Funeral director Charles Cooper
(b) Address 570-572 N. Carrollton Ave

6 19 1948
(Date rec'd by registrar)
Thomas Worthington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1948, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 4 1948 and that I last saw h[illegible] alive on June 4 1948.

Immediate cause of death	Duration
Acute Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Stanford A. Immander M.D.
Address 2309 Druid Hill Date signed June 4 1948

VS 159

X

G63884 BALTIMORE CITY HEALTH DEPARTMENT G63884
CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Edmonson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Edmonson Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN FRANCES COOK

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Israel
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 4/10/1900

8. AGE: Years 48 | Months 1 | Days 24 27 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Taylor
15 Birthplace Port Deposit, Md.

16 (a) Informant Rev. Israel Cook (Hus.)
(b) Address 1106 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave

(a) 6-1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1948, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1948 to June 3rd 1948
and that I last saw her alive on 5/24/ 1948.

Immediate cause of death: Uremia Malignant Duration 10 days
Due to: Arteriosclerotic Cardiovascular Disease 4 yrs.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ate M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Gunn M. D.
Address 511 N. Carrollton Ave Date signed June 6th 1948.

G63885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 Glyndon Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Glyndon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Ebert.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry Ebert
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Dec. 25. 1866
8. AGE: Years 81 | Months 9 | Days 10 | If less than one day: hr. — min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: William Horan
13. Birthplace: U.S.

MOTHER
14. Maiden Name: Mary Spielshman
15. Birthplace: U.S.

16 (a) Informant: George Ebert
(b) Address: 1319 Glyndon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 7 1948 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cem
Location: Baltimore Md.

18 (a) Funeral director: E. Kelso Cameron
(b) Address: 4510 Liberty Heights Ave

19 (a) (Date) received by registrar (Signature) Wellington Williams M.D. Registrar

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948, to June 4 1948, and that I last saw her alive on June 4, 1948.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Arteriosclerotic-Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Christian F. Reckter M. D.
Address 11 W. Biddle Date signed 6/7/48

X

G63886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Taneytown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Jane Shoemaker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ Thomas Shoemaker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1868

8. AGE: Years 80 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Harnish
13. Birthplace Md

MOTHER
14. Maiden Name Mary Eleanor
15. Birthplace Germany

16 (a) Informant Mr Paul Shoemaker
(b) Address Taneytown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1948 (month) (day) (year)
(c) Cemetery or crematory Reformed Cemetery
Location Taneytown, Md.

18 (a) Funeral director C. O. Fuss & Son
(b) Address Taneytown, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948, at 9. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948, to June 6 1948, and that I last saw h-- alive on June 6 1948

	Duration
Immediate cause of death: Cerebral Vascular Accident	
Due to: Hypertension	
Due to: Arteriosclerotic cardio-Vascular disease	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Bobby L. Bowers M. D.
Address Franklin Square Hosp. Date signed 6/6/48

663887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 Burgundy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Burgundy (If rural route location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lena Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Joshua Lucas
13. Birthplace Unknown

MOTHER 14. Maiden Name Elizabeth Green
15. Birthplace Eastern Shore - Md.

16 (a) Informant Elvira Williams
(b) Address 521 Burgundy

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 7 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto

18 (a) Funeral director Walter B. Driggs
(b) Address 1809 W. Hamburg St.

19 JUN 6 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948 to June 3 1948, and that I last saw her alive on June 3 1948.

Immediate cause of death Uremia
Myocarditis —

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan Strauchen M.D.
Address 1111 Lee Date signed 6/6/48

VS 150

X

663888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

663838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 851 Rembrandt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Anderson
13. Birthplace South Carolina

MOTHER
14. Maiden Name Phillis Anderson
15. Birthplace South Carolina

16 (a) Informant Frank Hallinquest
(b) Address 851 Rembrandt St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 7 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Albion Cemty
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 1341 Hanlon St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948 at 5:55 AM

21. I certify that I took charge of the remains described above, held an Insp. Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L Reyer M.D.
Medical Examiner.
Date signed 6-7-48

VS 51

663889

BALTIMORE CITY HEALTH DEPARTMENT

JL - 119855 CERTIFICATE OF DEATH 132 Registered No. 663889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 Elliott
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marvin Gillespie

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 580-12-5634

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1918

8. AGE: Years	Months	Days	If less than one day
30	2	2	hr. min.

9. Birthplace S. D.
(Town, county, and state)
10. Usual Occupation Continental Can Co.
11. Industry or business

FATHER
12. Name Menzes Gillespie
13. Birthplace Ind

MOTHER
14. Maiden Name Ethel Shoemaker
15. Birthplace S. D.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) REMOVAL (b) Date thereof 6/6/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hi
Location HURON, South Dakota

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto, Md.

JUN 6 - 1948
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1948, 2.20A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948 to June 5 1948, and that I last saw him alive on June 5 1948.

Immediate cause of death: Far Advanced Bilateral Fibro. TBC — Duration: Symptoms for 6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Morrison, M.D.
Address Balto City Hosp. Date signed 6/5/48

VS 150

G63890 G63890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 15 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4601 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Edward H. Houck

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara Houck

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1 May 1875

8. AGE: Years 73 | Months 1 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation RETIRED CONDUCTOR

11. Industry or business Western Md. R.R.

FATHER
12. Name William H Houck
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Sara EHRHART
15. Birthplace Pennsylvania

16 (a) Informant Self
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory
Location Hanover, Pa

18 (a) Funeral director Wm. J. Tickner + Sons
(b) Address North + H

19 (a) Date rec'd by registrar (b) Name of [illegible]

JUN 6 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 June 1948 at 2.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 June 1948 to 5 June 1948, and that I last saw h[illegible] alive on 5 June 1948

Immediate cause of death	Duration
Coronary occlusion	—
Due to Mitral stenosis	4 yrs
Due to	
Other Conditions Benign Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation 5 June 48

Major findings of operation: Prostatic Hypertrophy

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard M. Garrett
Address Church Home + Hosp Date signed 5 June 48

VS 150

663891

JL - 120178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1229

663891

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. Fayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Will Sands (WILLIAM PENN SANDS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Lillian Sands

6 (c) If alive, give age or if dead, how long married

7. Birth [illegible] 1876

8. AGE: Years	Months	Days	If less than one day
(72) 71	(8) 5	(8) 26	hr. 7 min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Farmer

FATHER
12. Name Will Sands
13. Birthplace N.C.

MOTHER
14. Maiden Name Sally (Unknown)
15. Birthplace N.C.

16 (a) Informant B. C. H. Records Thomas W. Sands
(b) Address 4940 Eastern Ave. 658 W. Fayette St.

17 (a) Removal (b) Date thereof June 6 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Martinsville, Va
Location Virginia

18 (a) Funeral director Wm Cook Inc
(b) Address 1211 St Paul St, Balty Md

19 (a) [illegible] Huntington Williamsport Md
(Date rec'd by registrar)

JUN 6 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 5.44 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948 to June 5 1948 and that I last saw h.im alive on June 5 1948

Immediate cause of death	Duration
Strangulated inguinal hernia, right	24 hrs.
Due to	
Due to	
Other Conditions Generalized arteriosclerosis & senile dementia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mansin M. Lang, M.D.
M. D.
Address Baltimore City Hospitals Date signed 6-5-48

63892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

Registered No. 663892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Annes
(c) City or town Roberts (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cassandra V. Palmatary

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frank Palmatary

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6 1877

8. AGE: Years 71 | Months 4 | Days — | If less than one day — hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business —

FATHER
12. Name Wm. Price
13. Birthplace Md

MOTHER
14. Maiden Name Alice A. Thompson
15 Birthplace Md

16 (a) Informant Hosp.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-48 (month) (day) (year)
(c) Cemetery or crematory Church Hill Md
Location Church Hill Md

18 (a) Funeral director Edgar L Lane
(b) Address Church Hill Md

19 (a) JUN 7 1948 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 June 1948, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 June 1948 to 6 June 1948, and that I last saw h.s.x. alive on 6 June 1948.

	Duration
Immediate cause of death Respiratory failure	12 hrs.
Due to Medullary collapse	12 hrs.
Due to Carcinomatosis	
Other Conditions Ca. - Dominic Stomach Hx prefontal lobotomy	

(Include pregnancy within 3 months of death)

Date of operation 5-13-48

Major findings of operation: Metastatic Carcinoma to vertebrae.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A Snyder M. D.
Address University Hospital Date signed 6 June 48

X

63893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63893 / 124B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Fitzpatrick

3 (b) If veteran, name war

3 (c) Social Security Account No. 28-07-7471

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife: Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-18-99

8. AGE: Years 48 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Sheetmetal Worker

11. Industry or business

FATHER
12. Name Frank Fitzpatrick
13. Birthplace Calif.

MOTHER
14. Maiden Name Lena Weber
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 8 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-1948 to 6-5-1948 and that I last saw h~~e~~ alive on 6-5-1948.

Immediate cause of death Hemorrhage — Duration

Due to severe internal

Due to Carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Gutsch M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6/5/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

X

663894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

663894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital ~~or institution~~: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 W. Mt. Royal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary A. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ~~—~~ years

7. Birth date of deceased (mo., day, yr.) Sept 1866

8. AGE: Years 81 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Campbell
13. Birthplace Scotland

MOTHER
14. Maiden Name Annie Robinson
15. Birthplace Scotland

16 (a) Informant Wm C. Stirling
(b) Address 1507 W. Mt. Royal Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Presbyterian
Location Govans - Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington-Williams, Md

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 June 1948, at 3:15 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammerer Jr. Medical Examiner.
Date signed 5 June 1948

3895
AB-24978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 937

G63895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. None (No home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joe Summerfield

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Sophia (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5- 1872

8. AGE: Years	Months	Days	If less than one day
75	5	25	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Summerfield
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory Loucus Grove.
Location Baltimore Pike Road

18 (a) Funeral director J. Fahey Evans
(b) Address 1818 Eager St.

19 (a) JUN 7 - 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION PM

20. DATE OF DEATH May 30- 1948, at 2.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1937 to 5-30- 1948.
and that I last saw h in alive on 5-30- 1948

Immediate cause of death Cardiovascular accident — Duration 2½ hr
Due to ATASCVD — Duration ?
Due to: ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Large heart, Pulm. edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William M. Straight M. D.
Address BCH Date signed 6/5/48

X

C63896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C63896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md.
(b) Street address 2870 W. Lanvale St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2870 W Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Kulla

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 108-16-4978

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Mark

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) JAN. 10, 1879

8. AGE: Years 69 | Months 4 | Days 25 | If less than one day ____ hr. ✓ min.

9. Birthplace Pittsburgh Pa (Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business

FATHER
12. Name James Charles Kulla
13. Birthplace Pittsburgh Pa

MOTHER
14. Maiden Name Anna Elizabeth Gill
15. Birthplace Pittsburgh, Pa

16 (a) Informant Mr. Orrie Barrow
(b) Address 2870 W Lanvale St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 7-48 (month) (day) (year)
(c) Cemetery or crematory Cremation
Location Greenmount Cemetery

18 (a) Funeral director Walter Bowles Bardinger
(b) Address 1922 W. Baltimore Ave

19 (a) [illegible] (b) Funeral Home Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1948 to June 4 1948 and that I last saw h[illegible] alive on June 4 1948.

Immediate cause of death Myocardial insufficiency, arteriosclerotic and hypertensive heart disease with cardiac hypertrophy. Duration Several years.

Due to Hypertrophy and congestive failure.

Due to Generalized arteriosclerosis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Ave Date signed June 5 48

VS 150

63897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 63897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Forrest St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James A. Manning

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine F. Mahon Manning
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 9 1869
8. AGE: Years 78 | Months 7 | Days 26 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Lt Detective
11. Industry or business Balto City Police Dept

FATHER
12. Name Malachi Manning
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E McCaffrey
15. Birthplace Ireland

16 (a) Informant Mrs Catherine F. Manning
(b) Address 1109 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1948 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cem
Location 4300 Old Frederick Rd
18 (a) Funeral director Edgar W. Coughlin & Son
(b) Address 924 Edmondson Ave
19 JUN 7 - 1948 (Date rec'd by registrar) (Washington Williams MD)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1948, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to June 4 1948. and that I last saw h (alive on June 2 1948

Immediate cause of death: Coma, Uremia — Duration: 1 Day
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McCallum M.D.
Address 3321 Fredlend Date signed 6/5/48

VS 150

On X

63898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. C63898

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Old Frederick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Harry C. Whitehead

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept 5 1891

8. AGE: Years 56 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER
12. Name Henry - W Litehead
13. Birthplace Maryland -

MOTHER
14. Maiden Name Maggie Ridgeway
15. Birthplace Maryland

16 (a) Informant Mrs Josie Mae Whitehead
(b) Address 1403 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto

18 (a) Funeral director Elbert J. MacNabb
(b) Address Catonsville Md.

19 JUN 7 - 1948 (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 9.54 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948 to June 4 1948, and that I last saw h im alive on June 4 1948.

Immediate cause of death Cardiac failure — Duration

Due to Cachexia

Due to Ca of Bladder with metastasis to liver & retroperitoneal glands.

Other Conditions

(Include pregnancy within three months of death)

Date of operation 5/31/48

Major findings of operation: Ca of bladder

of autopsy: Same -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney J. Vernick M.D.
Address St. Agnes Hospital Date signed 6-8-48

VS 150

G63899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G63899

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 N Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR BENJAMIN BONDY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-7532

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Nee Levinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 9, 1884

8. AGE: Years 64 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: Clerk City Of Balto

FATHER
12. Name: Ellis Bondy
13. Birthplace: Russia

MOTHER
14. Maiden Name: Goldie ?
15. Birthplace: Russia

16 (a) Informant: Mrs Bertha Bondy
(b) Address: 1729 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cem
Location: 3600 E Baltimore St

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 JUN 7 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6 - 6 - 1948, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 4 - 1948 to 6 - 6 - 1948 and that I last saw h alive on 6 - 5 - 1948

Immediate cause of death	Duration
Cardiac Tamponade	
Due to Ruptured Myocardium	
Due to Recent Myocardial Infarction	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allan J. Wolinsky M.D.
Address Sinai Hosp Date signed 6-6-48

VS 150

94a

063900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

063900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
4
(d) Street No. 1912 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Heinz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11. 1868

8. AGE: Years: 80 | Months: 2 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Frederick Heinz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Caroline Harger
15. Birthplace: Md.

16 (a) Informant: Annie F. Lotz
(b) Address: 1912 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-1948 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Mrs. Mrs. John W. Teufel & Son
(b) Address: 5314 Edmondson Ave

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 1.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1948 to June 5 1948. and that I last saw h[illegible] alive on June 4 1948.

Immediate cause of death: Cerebral Apoplexy — Duration 2-or Hr

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: J. Hoge Johnson M. D.
Address: Catonsville Date signed: 6/5/48

VS 150

G63901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G63901

Please write the causes of death clearly and legibly. Use only black ink. Physicians: please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John L. Wilhelm

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-3068

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida M. Wilhelm

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug 20. 1872

8. AGE: Years 75 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Ticket Taker

11. Industry or business Moving Pictures

FATHER
12. Name Louis Wilhelm
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Elizabeth Wisner
15. Birthplace Md

16 (a) Informant Ida M. Wilhelm
(b) Address 1314 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1948 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto City

18 (a) Funeral director Mrs. John W. Gentel & Son
(b) Address 5311 Edmondson Ave

19 (a) JUN 7 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1945 to June 1 1948, and that I last saw him alive on June 4 1948.

Immediate cause of death	Duration
Carcinoma Recto-sigmoid Jonction	June 1945
Due to	
Due to	
Other Conditions Uterus sclerosis	?

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl C. Rostking

Address 1316 W Lombard St Date signed 6/4/48 M. D.

VS 150

663902

HEALTH DEPARTMENT—CITY OF BALTIMORE

663902

CERTIFICATE OF DEATH

832a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 E. Arlington Ave St. 27-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charlena Johnson Beard

If U. S. Veteran Specify WAR

(a) Residence: No. 1113 Arlington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Edw. Beard

6. DATE OF BIRTH (month, day, year) July 4, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Sallie Mack

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Thos. Beard

(Address) Hampstead, Md

18. BURIAL, CREMATION, OR REMOVAL Place Baughs-Lockwood Date June 8, 1948

19. UNDERTAKER Landon M. Bowlus

(Address) Sparks, Md

20. FILED JUN 7 - 1948. Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1948

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1948 to June 5, 1948

I last saw h.er alive on June 5, 1948 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Sided Cerebral Hemorrhage	5-26-48
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. Franklin Phillips M. D.

(Address) 1543 Penna Ave

VS 8

X

663903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

663903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 South Wolfe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 South Wolfe Street (If rural give location)
(e) Citizen of foreign country? Nos (Yes or No) If yes, name country

3 (a) FULL NAME Thomas L. Walsh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jeannette
6 (c) If alive, Birthplace years
7. Birth date of deceased (mo., day, yr.) ~~June 4, 1948~~ (May 30 1874)
8. AGE: Years 72 | Months 2 | Days 5 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Businessman
11. Industry or business

FATHER
12. Name Francis Walsh
13. Birthplace Irland

MOTHER
14. Maiden Name ~~Burke~~ Mc Cale
15. Birthplace Irland

16 (a) Informant Mrs. Jeannette Walsh
(b) Address 730 South Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/'48 (month) (day) (year)
(c) Cemetery or crematory Holy Redemeer Cemetery
Location 4400 Belair Road

18 (a) Funeral director Tilly & Zeiler Inc
(b) Address 403 South Wolfe Street

19 (a) JUN 7 - 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1948, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5th 1948 to June 4th 1948, and that I last saw h~~im~~ alive on June 3rd 1948

Immediate cause of death	Duration
Acute Pulmonary Oedema	1 dy
Cardiac + Respiratory Failure	2 hrs
Due to Marked Jaundice	3 mos
Due to Extra Hepatic Obstruct Probably a neoplasm Head of Pancreas	2
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury
23. Signature G. F. Rees M. D.
Address 24 S Broadway Date signed June 6/48

G63904 48-08939 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 64 Registered No. G63904

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Twelve

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. Lehigh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sherine Imperatore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1948

8. AGE: Years | Months | Days | If less than one day
Twelve. 18 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Peter Imperatore
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary E. Vogel
15 Birthplace Balto. Md

16 (a) Informant Mary E. Imperatore
(b) Address 518 S. Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave & Rt-

18 (a) Funeral director Tully & Zeiler
(b) Address 403 N. Eutaw St.

19 (a) JUN 7 - 1948 (Date rec'd by registrar) Huntington Woodlawn, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1948, to 6-5 1948, and that I last saw her alive on 6-5 1948.

Immediate cause of death	Duration
STATUS THYMICO Status Thymicus	
Due to Lymphatism LYMPHATICUS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Schmidt M. D.
Address Mercy Date signed 6-5-48

63905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178

G63905 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 26-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 S Oldham (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN BOTHE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1875

8. AGE: Years: 72 | Months: 7 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: Woodturner (retired)

11. Industry or business

FATHER 12. Name: Michael Bothe

13. Birthplace: Ger

MOTHER 14. Maiden Name: Regina Kripp

15. Birthplace: Ger

16 (a) Informant: Mrs Adele Hofimonn

(b) Address: 200 S Oldham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/48 (month) (day) (year)

(c) Cemetery or crematory: Oak Lawn

Location: Balto Co Md

18 (a) Funeral director: Ullrich Funeral Home

(b) Address: 2008 Orleans St

19 JUN 7 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4, 1948 to June 6 1948 and that I last saw him alive on June 6, 1948

Immediate cause of death: Peritonitis — Duration

Due to: Ruptured duodenal ulcer.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jerm M. Cushner

Address: Sinai Hospital, Balto Date signed 6-6-48 M. D.

X

63906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G63906 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave
(c) Hospital or institution: West Balto Gen Hos 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS [redacted] LAUX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Henrietta Laux

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1886

8. AGE: Years 61 | Months 9 | Days 13 | If less than one day hr. min. 15

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Shoe salesman

11. Industry or business

FATHER
12. Name Louis Laux
13. Birthplace Md

MOTHER
14. Maiden Name Dont Known
15. Birthplace

16 (a) Informant Mrs Charles Hohmann
(b) Address 1644 Chilton St

17 (a) Balto (Burial, cremation, or removal) (b) Date thereof June 8/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) JUN 7 - 1948 (Date rec'd by registrar) Hunter for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 10 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948 to June 5 1948, and that I last saw [redacted] alive on June 5 1948.

Immediate cause of death: Cardio-respiratory failure — Duration

Due to: Acute pulmonary oedema.

Due to: Coronary thrombosis - myocardial infarction?

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute pulmonary oedema Arteriosclerotic [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Tuckerman M.D.

Address West Baltimore Date signed June 5 1948

Clerk Hosp

G63907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. G63907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: East Balto Gen'l Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Baltimore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvanus S. Osgood.
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Pearl F. Osgood
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 8 1869
8. AGE: Years 79 Months 3 Days 28 25 If less than one day hr. min.
9. Birthplace: Winona Minn.
(Town, county, and state)
10. Usual Occupation
11. Industry or business: Retired Painter

MOTHER / FATHER
12. Name: William Osgood
13. Birthplace: Unknown
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Pearl F. Osgood
(b) Address: 824 Baltimore Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1948 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md
18 (a) Funeral director: Harry P. Amoss
(b) Address: 4704 Pickwood Ave
19 JUN 7 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 4 53 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948 to June 5 1948 and that I last saw him alive on June 5 1948.

Immediate cause of death	Duration
Cardiac arrest	
Due to Acute pulmonary oedema	
Due to Coronary sclerosis & poss. myocardial infarction	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: Acute pulmonary oedema; coronary sclerosis; chronic aneurysm; cholecystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: Leonard Scheer MD
Address: East Baltimore Date signed June 5

East Balto Gen'l Hosp. 94a 1948

G63908

BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. G63908

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Weiner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Pearl E.

6 (c) If alive, give age: 1900

7. Birth date of deceased (mo., day, yr.): Oct 1st (1896)

8. AGE: Years: 51 47 | Months: 8 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Hagerstown Md. (Town, county, and state)

10. Usual Occupation: Mechanic Maintenance

11. Industry or business: Donut Corp. of America

FATHER
12. Name: Hyman Weiner
13. Birthplace: Russia

MOTHER
14. Maiden Name: Rose Sachs
15. Birthplace: Pittsburgh

16 (a) Informant: Mrs Pearl E. Weiner
(b) Address: 915 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/8/48 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet Cem.
Location: 2930 Frederick Ave

18 (a) Funeral director: John J. Cowen & Son
(b) Address: 1008 W Hollins St

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1948, at 11 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946 to June 4 1948, and that I last saw him alive on June 4 1948

Immediate cause of death: Acute Coronary occlusion — Duration: Immediate

Due to: Cause unknown

Due to:

Conditions: Ch. Bronchitis — 2 years

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Charles Tommarello M. D.
Address: 910 W. Lombard St. Date signed: June 6 1948

VS 188

X

663909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 663909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 47 N. Catherine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 N. Catherine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Staffney

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 st 1870

8. AGE: Years 77 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name Michael J. McGrath
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Donohue
15. Birthplace Ireland

16 (a) Informant Mrs. William J. Staffney
(b) Address 47 N. Catherine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-07 Hollins St.

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Lexington Hill Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1948 at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to June 5 1948, and that I last saw her alive on June 5 1948.

	Duration
Immediate cause of death: Cerebral hemorrhage	5 days
Due to: Hypertension arteriosclerotic C. V. Disease	10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(d) Means of injury

23. Signature John F. Coolahan M. D.
Address 4201 Wilkens Ave Date signed 6/6/48

X

G63910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G63910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Cherry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Bawroski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Agatha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Catherine Zimbor
15. Birthplace Poland (Deed)

16 (a) Informant Agatha Bawroski
(b) Address 1629 Cherry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. & A. Co.

18 (a) Funeral director Wm. D. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 June 1948, at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1948 to 6/5 1948, and that I last saw him alive on 6/5/48 1948.

Immediate cause of death Respiratory Failure. — Duration 4 Mos.

Due to Cachexia & Atelectasis

Due to Carcinoma Rectum c Metastase To lung

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5 May 48

Major findings of operation: Adeno Carcinoma of Rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Lavery, M.D.
Address St Agnes Hospital Date signed 6/6/48

G63911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G63911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 825 5 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - 25 (If outside city or town limits, write RURAL and give town)
(d) Street No. 350 Ascension St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Janida Peterson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ray Peterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1909

8. AGE: Years 38 39 | Months 6 5 | Days 2 10 | If less than one day ... hr. ... min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clemon Tilman
13. Birthplace Fla

MOTHER
14. Maiden Name Eliza Thomas
15. Birthplace Fla

16 (a) Informant Ray Peterson
(b) Address 350 Ascension St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md.

18 (a) Funeral director Chas. R. Lay
(b) Address 802 Madison Ave

19 (Date rec'd by Registrar) JUN 7 - 1948 Huntington Hilleary, Mgr
Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 6 19/24 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 48 to June 5 19 48
and that I last saw her alive on June 5 19 48.

Immediate cause of death Uremia — Duration

Due to Hypertensive cardiovascular renal disease

Due to Hypertension

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address University Hosp. Date signed 6/5/48

G63912 JL - 83489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH .13B

G63912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norwood Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1901

8. AGE: Years 46 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Harise Grass
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 7, 1948 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Md.

18 (a) Funeral director Chas R. Law
(b) Address 802 Madison Ave.

19 (a) (b)
(Signature of local registrar)

JUN 7 1948 Bureau of Vital Statistics

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1948, at 5.40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27 1943, to June 4 1948, and that I last saw h. in alive on June 4 1948.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. R. Scarborough, Jr. M.D.
M. D.
Address Balto. City Hosp. Date signed 6-9-48

G63913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . 13B

Registered No. G63913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 S. AUGUSTA. AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S AUGUSTA AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** GEORGE H. MYERS.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MILDRED MYERS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) OCT 31 - 1906

8. AGE: Years 41 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation PLUMBER.

11. Industry or business

FATHER
12. Name JOHN MYERS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name CATHERINE RUPPERT
15. Birthplace MARYLAND

16 (a) Informant CATHERINE MYERS
(b) Address 300 S AUGUSTA AVE

17 (a) BURIAL (b) Date thereof JUNE 8 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A-A-Co.

18 (a) Funeral director Bernard C Harke
(b) Address 176 E West St

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 6 1948, at 10 03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1947 to June 6 1948 and that I last saw h— alive on June 6 1948

Immediate cause of death — Duration

Pulmonary Tuberculosis — 16 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagroth

Address 1729 W Lombard St Date signed 6/7/48
M. D.

X

G63914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. 3598

G63914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Stricker St.
(c) Hospital or institution: 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) over 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Dorsey Rhubottom

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Clarence Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1882

8. AGE: Years	Months	Days	If less than one day
65	7	20	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business own home

FATHER
12. Name Samuel ?
13. Birthplace Md

MOTHER
14. Maiden Name Louisa ?
15. Birthplace Md

16 (a) Informant Charles Dorsey
(b) Address 1206 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (month) (day) (year)
(c) Cemetery or crematory White Rock
Location White Rock Md.

18 (a) Funeral director Geo. B. Kilgour
(b) Address 1303 Pressman St

19 (a) JUN 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1948; at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3- 1948 to 6-4- 1948, and that I last saw her alive on 6-4- 1948.

Immediate cause of death	Duration
Carcinoma of intestines	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 6-7-48

X

G63915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G63915

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Division Street
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Baker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Elizabeth Bishop

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Barnabas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 16, 1889

8. AGE: Years 59 | Months 5 | Days 4 | If less than one day hr. 2 min. 19

9. Birthplace Charlestown W. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Arthur Green
13. Birthplace W. Va

MOTHER
14. Maiden Name Katherine Williams
15. Birthplace W. Va

16 (a) Informant Barnabas Bishop
(b) Address 1508 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (month) (day) (year)
(c) Cemetery or crematory [redacted] mt auburn
Location [redacted] md

18 (a) Funeral director George E. Kelson
(b) Address 1203 Pennsylvania Ave

19 (a) JUN 7 - 1948 (Date rec'd by registrar) Huntington-Williams Mort (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1948, at 8:30 AM

21. I certify that death occurred on the date above stated that I attended deceased from 6/3 1948 to 6/9 1948 and that I last saw her alive on 6/9/48 1948

Immediate cause of death Secondary Shock — Duration

Due to Intestinal Obstruction

Due to Encarcerated Ventral Hernia

Other Conditions Atrophy of Bladder

(Include pregnancy within 3 months of death)

Date of operation 6/3/48

Major findings of operation: Incarcerated Ventral hernia - Intestinal Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus W. Moore Sr

Address Provident Hospital Date signed 6/3/48

VS 150

663916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

663916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 Rockrose ave
(c) Hospital or institution:
Ardleigh Nursing Home 13-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 W. 35th st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward F. Milway

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-6482

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sarah A. Pearce

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 15-1867

8. AGE: Years 80 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business Plumbing Work.

FATHER
12. Name John H. Milway
13. Birthplace Germany.

MOTHER
14. Maiden Name Sarah A. Dolon
15. Birthplace Md

16 (a) Informant Miss Ethel Milway
(b) Address 813 W. 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo. L. Beyer Jr.
(b) Address 1512 Hollins St

19 (a) [illegible] 7 1948 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1948 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1945 to June 3 1948 and that I last saw h[illegible] alive on June 3 1948.

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to: arteriosclerosis — 20 years

Due to: Heart Disease

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 878 W 36th St Date signed 6-3-48

63917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 63917

Please write the causes of death clearly and legibly. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident 22-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 W. Lee St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eddie George

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-3704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	married

6 (b) Name of husband or wife Annie George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
59 58			hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James George
13. Birthplace S. C.

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace S. C.

16 (a) Informant Mable George
(b) Address 608 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location a a Co

18 (a) Funeral director James A. Hayes
(b) Address 142 W. Hill St.

JUN 7 - 1948 Date rec'd Livingston Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1948 at 3⁵⁵ A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 6/5 1948 and that I last saw h[illegible] alive on 6/4 1948

Immediate cause of death Uremia — Duration 4-5 days

Due to Hypertensive C-V Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Preston Grant
Address 1514 Division Date signed M 6/5/48 D

VS 150

63918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No. 63918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore -13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Bond St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD DUDLEY (EDWARD MORGAN DUDLEY)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-05-7192

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Evelyn A.
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Mar. 4. 1907

8. AGE: Years	Months	Days	If less than one day
41	3	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business Gas & Electric Co.

FATHER
12. Name Edward Dudley
13. Birthplace Maryland

MOTHER
14. Maiden Name Glendla Morgan
15. Birthplace Maryland

16 (a) Informant Mrs. Evelyn A. Dudley (Wife)
(b) Address 1637 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9. 1948 (month) (day) (year)
(c) Cemetery or crematory Spring Hill Cemetery
Location Easton Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore Md.

JN 9 - 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 12:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to June 5 1948, and that I last saw h alive on June 5 1948.

Immediate cause of death	Duration
cardio-respiratory failure	
Due to Increased intra-cranial pressure - PRESSURE	
RECURRENT Due to Recurrent glioma of right parietal region	GLIOMA
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury W. A. GAKENHEIMER, M.D.

23. Signature W. A. Gakenheimer M. D.
Address University Hosp. Date signed 6-9-48

G63919 Corbet G63919

AB-113180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Corbet

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23 1918

8. AGE: Years	Months	Days	If less than one day
29	8	11	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fred Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Page
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 9 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b)
(Date rec'd by Registrar) Registrar

Funeral for Williams, Mrs

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948 4:27 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 1947 to 6-4 1948 and that I last saw her alive on 6-4 1948

Immediate cause of death: Car. Advanced Bilat. Pulm. TBc — Duration 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John G. Morrison M. D.
Address Balto. City Hosp. Date signed 6/5/48

X

G63920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G63920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 W Whatcoat St.
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Whatcoat St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1892

8. AGE: Years 55 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Abe Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Chrisann ?
15. Birthplace Md.

16 (a) Informant Elizabeth Hall
(b) Address 710 Stockton St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)
(c) Cemetery or crematory Western Stat
Location Balto-60.

JUN 7 1948

18 (a) Funeral director Samuel W Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 7 P M

21. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Myocardial Degenera-tion

Due to Pulmonary edema

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D. (Medical Examiner)
Date signed 6-5-48

VS 151

663921

BALTIMORE CITY HEALTH DEPARTMENT ✓ 663921
Registered No.

CERTIFICATE OF DEATH 164a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Don.
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Pontiac Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence S. Lemlach

3 (b) If veteran, name war 2nd World War

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elaine M. Lemlach

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1922

8. AGE: Years 25 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Ornamental Iron Worker

11. Industry or business L. E. Jones Co.

FATHER
12. Name Charles W. Lemlach
13. Birthplace Md

MOTHER
14. Maiden Name Carrie V. Peacock
15. Birthplace Md

16 (a) Informant Elaine M. Lemlach
(b) Address 724 Pontiac Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (Month) (Day) (Year)
(c) Cemetery or crematory Baltimore National
Location Baltimore City

18 (a) Funeral director C. Howard Evans
(b) Address 1400 N. Charles St

19 (a) 1948 (Date rec'd by registrar) Huntington Williams, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1948, at 1:25 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation due to Strangulation

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/6/48 at about 12:05 A.M.
(b) Where did injury occur? 724 Pontiac Ave
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Hung self on curtain & rope

23. Signature C. H. Feldmeier M.D.
Medical Examiner.
Date signed 6/6/48

VS 151

X

G63922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

G63922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Poultney St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Fritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry W. Fritz
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1884

8. AGE: Years 63 | Months 5 | Days 25 | If less than one day 28 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bernard Schramm
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Conrad
15. Birthplace Baltimore Md

16 (a) Informant Henry W. Fritz (Husband)
(b) Address 11 E. Poultney St. Balto. 30, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Thurs. June 23, 1948 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location U. G. Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Charles St.

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (month) June (day) 5 (year) 1948, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1948, to 6/5 1948, and that I last saw her alive on 6/4 1948.

Immediate cause of death: Cardiac failure — Duration: 1 hour

Due to: Rheumatic Heart Disease — Duration: ? years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Alfred H. Dann M. D.
Address Maryland Gen'l Hosp. Date signed 6/5/48

VS 150

G63923 356304

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G63923

CERTIFICATE OF DEATH 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Tampa
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Dykes Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Woodward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-73

8. AGE: Years 74 | Months 10 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel ?
13. Birthplace Ga.

MOTHER
14. Maiden Name Corbin
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1948 (month) (day) (year)
(c) Cemetery or crematory Tampa Cem.
Location Tampa, Fla.

18 (a) Funeral director Bottrell & Sons
(b) Address 1901 Central Place

19 (a) 6-7-1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948 at 8 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to June 6 1948 and that I last saw her alive on June 6 1948.

Immediate cause of death: Carcinoma of Stomach with wide spread Metastasis — Duration: 2 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard C. Clay
Address JOHNS HOPKINS HOSPITAL Date signed 6-8-48

X

63924

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 46E

Registered No. 63924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 13
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Magnolia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie G. CROUSE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Claude T CROUSE

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 22 May 1893

8. AGE: Years 55 | Months — | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Meiers

FATHER
12. Name William Henry CROUSE
13. Birthplace Germany

MOTHER
14. Maiden Name Christiana HERBERT
15. Birthplace Maryland

16 (a) Informant Husband Claude T. Crouse
(b) Address Magnolia Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Joppa Md

18 (a) Funeral director Howard K. McComas & Son
(b) Address Aberdeen, Md Huntingtown Williamsport, Md

19 JUN 7 - 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 June 1948, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 24 May 1948, to 5 June 1948, and that I last saw her alive on 5 June 1948.

	Duration
Immediate cause of death: Occlusion left femoral artery	2 days
Due to: Carcinoma of sigmoid colon	2 yrs
Due to:	
Other Conditions: Diabetes Mellitus Moderate Essential hypertension (Include pregnancy within 3 months of death)	Unknown

Date of operation 3 June 48
Major findings of operation: occlusion common iliac, left
of autopsy: Carcinoma colon & metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard M. Garrett M. D.
Address Church Home + H. Date signed 5 Jun 48

X

663925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 663925

Please answer all questions as carefully supplied. The entries on this certificate should be typewritten or printed. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Longfellow St. NW
(If rural give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARJORIE NOONE

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1895

8. AGE: Years 52 | Months 11 | Days 11/0 | If less than one day ___ hr. ___ min.

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Albert Williamson
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Clara May Frank
15. Birthplace Baltimore, Md.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) 6-10-48 (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ft Oglethorpe Cem.
Location Wash, DC
18 (a) Funeral director W R Huntemann
(b) Address 5732 Ga Ave. Wash DC
19 (a) JN 7 1948 (b) Huntington Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to June 7 1948 and that I last saw her alive on June 7 1948

	Duration
Immediate cause of death: Adenocarcinoma right breast (resected) with metastasis to right lung, liver	Unknown
Due to: and lumbar vertebrae	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Russell Mitchell
J. Russell Mitchell, SA Surgeon M. D.
Address Date signed 6/7/48

V S 150

G63926 ✓ G63926

Dr Sawyer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Halcyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Halcyon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine L. Bruns

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife Harry Bruns | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 8-1875

8. AGE: Years 73 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county and state)

10. Usual Occupation at home

11. Industry or business

MOTHER / FATHER

12. Name Patrick Dignan

13. Birthplace Ireland

14. Maiden Name Mary Conroy

15. Birthplace Ireland

16 (a) Informant Mrs John Rhet

(b) Address 2510 Halcyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore

18 (a) Funeral director L. J. Luck

(b) Address 5305 Harford Rd

19 (a) JUN 7 - 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1948, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1947 to June 5 1948, and that I last saw her alive on June 4 1948.

	Duration
Immediate cause of death Carcinoma of Rectum	18 mos.
Due to	
Due to	
Other Conditions Duodenal ulcer (Include pregnancy within 3 months of death)	1 yr.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louise Bruns

Address 4808 Harford Rd. Date signed 6/5/48 M. D.

G63927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G63927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Clark 46-10673

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	

6 (b) Name of husband or wife Eugene

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 13-1919

8. AGE:	Years	Months	Days	If less than one day
	28	9	22	____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Vincent Dantoni
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Danna
15. Birthplace Italy

16 (a) Informant Joseph Dantoni
(b) Address 16 N. Pt. Olivet Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd

18 (a) Funeral director Joseph Farace Son
(b) Address 2213 Greenmount Ave Huntington Terrace, Md

19 (a) JUN 7 - 19[illegible] (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 June 1948 at 12:00 N

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carbon Monoxide Poisoning

Due to Illuminating Gas

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-5-48. A. M.
(b) Where did injury occur? 2006 E. Pratt Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Open gas range or water heater burner opened

23. Signature Wm. H. Ramsner Jr. M.D. Medical Examiner.
Date signed 5 June 1948

VS 131

063928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. 063928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 Prince Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 Prince Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas H. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, (Married), widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Fireman on Boat

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name Matilda Cunningham
15. Birthplace 840 Prince St

16 (a) Informant Georgina Carter
(b) Address 840 Prince St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary cem,
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Blankety ave

19 (c) Date rec'd JUN 7 1948 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, at P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-renal disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Weaver M.D.
Medical Examiner.
Date signed 6-7-48

VS 151

Please write the causes of death clearly and legibly.

663929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. 663929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kenneth Lee Kus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 5, 1936

8. AGE: Years 12 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Anita Kus
15. Birthplace Baltimore, Md.

16. (a) Informant Mrs. Anita Kus - mother
(b) Address 812 N. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2605-5 E. Madison Street

19 (a) JUN 7 1948 (Date rec'd by registrar) (b) Washington & Millman, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948 at 8 11 P M

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture third cervical vertebra

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-4-48 at 7:45 7/1 P M(C)
(b) Where did injury occur? Rear of 812 N. Curley St.
(c) Did injury occur at home, on farm, industrial place, in public place? Yard While at work? no
(d) Means of injury Fall from fence

23. Signature [signature] M.D. Medical Examiner
Date signed 6-5-48

VS 151

X

G63930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

✓ G63930 Registered No.

Please write plainly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital - 4 - 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) Baltimore
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 667½ W Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Peggy Collins

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day hr.	min.
32				

9. Birthplace Oklahoma. (Town, county, and state)
10. Usual Occupation none.
11. Industry or business

FATHER
12. Name Joseph Collins
13. Birthplace Pa.

MOTHER
14. Maiden Name Eliz R. Miller
15 Birthplace Va

16 (a) Informant Mrs. Joseph Blue[illegible]
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 7 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 7 1948 (b) Registrar Knight Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1948 at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1948 to 6/2 1948, and that I last saw h[illegible] alive on 6/2 1948.

Immediate cause of death Coma - Resp Collapse — Duration
Due to Cirrhosis of Liver Chr. alcoholic.
Due to Dehydration & malnutrition.
Other Conditions Pyelonephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A N Taylor M. D.
Address Redwood & Greene Date signed 6/3/48

VS 150

X

G63931 ✓ G63931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 6051 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME BJOR OSCAR KNUT NILSSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 055-16-1890

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1891

8. AGE: Years 56 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Stockholm, Sweden (Town, county, and state)

10. Usual Occupation Chief Engineer

11. Industry or business Seafarer

FATHER 12. Name Carl Oscar Nilsson
13. Birthplace Sweden

MOTHER 14. Maiden Name Gertrude E. Lindstrom
15. Birthplace Sweden

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial, cremation, or removal (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery or crematory Brooklyn
Location Brooklyn N.Y.

18 (a) Funeral director Tillson & Son
(b) Address 129 E. 52nd St.

19 (a) (Date received by registrar) Thomas J. Williams, M.D. Registrar

S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948, at 12:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1948, to June 6 1948, and that I last saw him alive on June 6 1948.

Immediate cause of death Carcinoma right lung — Duration 9 mos.
with metastases to pericardium and chest wall
Due to
Due to
Other Conditions Hemopericardium — 1 wk.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert M Foote
Robert M. Foote, Surgeon
Address Date signed M 6 D 7 48

BALTIMORE CITY HEALTH DEPARTMENT X V 663932 Registered No.

663932

CERTIFICATE OF DEATH 54B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st St. & Wyman Pk. Dr.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days) 10 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD MICHAEL KEARNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. mar

6 (b) Name of husband or wife Charlotte ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1888

8. AGE: Years 60 | Months 4 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation chief engineer on ship

11. Industry or business

FATHER 12. Name Lawrence H Kearney

13. Birthplace Sudberry Canada ?

MOTHER 14. Maiden Name Mary Blanche Dean

15. Birthplace Chelsea, Quebec, Canada

16 (a) Informant Hospital records.

(b) Address as in (1)

17 (a) Burial (b) Date thereof 6/8/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director Chas. J. Dolle

(b) Address 1501 E. Fait Ave.

19 (a) 7 — 1948 (b) ...
(Date received by registrar) Registrar

V S 150

Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948 19... at 5:35AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 19 48 to June 6, 1948, and that I last saw him alive on June 6 19 48

Immediate cause of death Craniotomy on 6/1/48

Due to meningeal sarcoma, left cerebral hemisphere.

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature H. Grabstald M. D.

Address U. S. Marine Hosp. Date signed 6-6-48

Baltimore, Md.
H. Grabstald M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga (b) County
(c) City or town Atlanta, Ga (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Lucky St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie H. Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex W

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Arkinsaw (Town, county, and state)

10. Usual Occupation Upholster

11. Industry or business

FATHER 12. Name Walter Atkinson

13. Birthplace Ga

MOTHER 14. Maiden Name Elizabeth Yarbrough

15. Birthplace Ga

16 (a) Informant Mrs R.L. Eason

(b) Address Atlanta Ga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th 1948 (Month) (Day) (Year)

(c) Cemetery or crematory

Location Atlanta Ga

18 (a) Funeral director Leo S. Cook

(b) Address 1701-03 N. Patterson Park Ave

1948 JUN 8 - (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1948, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 6/6/48

VS 151

663934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

663934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(c) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Henry Clark

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isabell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1902

8. AGE: Years: 65 | Months: 8 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county and state)

10. Usual Occupation: manufacturer

11. Industry or business: ice cream

FATHER
12. Name: Robert Henry Clark
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Emma Simms
15. Birthplace: Hagerstown, Md

16 (a) Informant: Mrs. Isabell H. Clark
(b) Address: 1702 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1948 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Mem. Pk
Location: Baltimore Co. Md.

18 (a) Funeral director: Mrs. Chas. H. Hall Sons
(b) Address: 1631 Druid Hill Ave

19 (a) JUN 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 6 34 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1948, to June 5 1948, and that I last saw him alive on June 5 1948.

Immediate cause of death: uremia — Duration: 48 hrs

Due to: Hypertensive cardio-vascular-renal disease — 7 yrs.

Due to:

Other Conditions: right hemiplegia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: James D. Carr M. D.
Address: 515 Mosher St Date signed: 6.7.48

VS 8

X

63935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G63935 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The items of information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital 14 → 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1631 Pennsylvania Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3 (a) FULL NAME Joseph Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1[illegible]

8. AGE: Years	Months	Days	If less than one day
59	6	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Thomas Lewis

13. Birthplace Bermuda, B.W. Indies

MOTHER 14. Maiden Name Georgiana Hall

15. Birthplace Maryland

16 (a) Informant Mrs. Hedgeman Lewis

(b) Address Mrs. Bertha Helen Edwards

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-F-1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Ed. A. Hilton

(b) Address 1605 Druid Hill Ave

19 (a) JUN 8 — 1948 (Registered by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 1948, at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948, to 6/3 1948, and that I last saw him alive on 6/3 1948

Immediate cause of death: Pyloric stenosis due to peri Pyloric lymphatic tumor — Duration: unknown

Due to — Duration: over

Due to — Duration: 4 wks

Other Conditions: Uremia, left inguinal hernia (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Pyloric tumor - Arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature O. W. Hoffler

Address Provident Hospital Date signed 6/4/48

X

663936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No. G63936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Flowerton Rd
(c) Hospital or institution:

16-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Flowerton Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James C. Chambers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Sue Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 4th 1883

8. AGE: Years	Months	Days	If less than one day
64	11	2	hr. min.

9. Birthplace Penna
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Work

FATHER
12. Name James Chambers
13. Birthplace Scotland

MOTHER
14. Maiden Name Rose Ann Rosenberger
15 Birthplace Penna

16 (a) Informant Sue Chambers
(b) Address 3719 Flowerton Rd

17 (a) Burial (b) Date thereof 6/9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St. Paul St

19 (a) JUN 8 - 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) REGISTRAR

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 1948, at 6 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1948 to June 6 1948, and that I last saw h~~im~~ alive on June 6 1948

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to Arteriosclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard M. Hummel M. D.
Address 14 E. Read St Date signed June 7, 48

Hummel

VS 150

G63937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G63937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington st.
(c) ~~Hospital or~~ institution:
Aged Women's & Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Edward Hilton Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married, widowed, or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Ethel Hilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1877

8. AGE: Years: 70 | Months: 11 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Civil Engineer

11. Industry or business: Md. State Roads Com.

FATHER
12. Name: James A. Hilton
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Florida Livesay
15. Birthplace: Petersburg Va.

16 (a) Informant: Geo. E. Hilton Jr.
(b) Address: 2204 Garrison Blvd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

JUN 8 - 1948 (Date rec'd by Registrar) (b) Huntington Indiana, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6th 1948, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1948 to June 5 1948 and that I last saw him alive on June 6 1948.

Immediate cause of death: Myocardial failure — Duration:

Due to: Coronary occlusion

Due to: arteriosclerotic Cardio Vascular disease

Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Maryland Edward Day M. D.

Address: 4-E-33rd St Balto Md. Date signed June 7, 1948

VS 150

G63938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 63938

Write the causes of death clearly and legibly. Physicians: please write in diagnosis, supplement, etc.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Homestead st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Homestead St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda E. Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~of wife~~: William Ross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 12th 1873

8. AGE: Years 74 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: David Stevens
13. Birthplace: Md.

MOTHER
14. Maiden Name: Rachael Disney
15. Birthplace: Unknown

16 (a) Informant: Rachael Blackiston
(b) Address: 607 Melville Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Balto.
Location: " Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 E. Paul St.

DUN 8 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 1948 at 8.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to 6-6-1948 and that I last saw him alive on 6-1 1948

Immediate cause of death: Carcinoma Colon — Duration: 1 Year

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 5-30-48

Major findings of operation: Inoperable Cancer Colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.

Address 4508 Harford Rd signed 6-7-48

VS 150

663939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

663939 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 N. Gay st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Gay st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred B. Matranga

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Angelo C. Matranga

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4th 1918

8. AGE: Years 29 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Charles Foung

13. Birthplace China

MOTHER 14. Maiden Name Jennie Dobikal

15. Birthplace Czecho Slovakia

16 (a) Informant Angelo C. Matranga

(b) Address 1428 N. Gay St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/9/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location Md.

18 (a) Funeral director William Cook Inc.

(b) Address 122 St. Paul St.

19 (a) JUN 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th 1948, at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948, to June 6 1948, and that I last saw him alive on June 5 1948.

	Duration
Immediate cause of death: Acute myocardial failure	-
Due to: Status asthmaticus	1 week
Due to: Intrinsic bronchial asthma (INTRINSIC)	24 yrs.
Other Conditions: -	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Bull M. D.

Address 1221 N. Luzerne Ave. Date signed June 7 1948

X

663940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . 138

Registered No. 663940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 E. Biddle St
(c) Hospital or institution:
10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 E Biddle St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Frank

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1877

8. AGE: Years	Months	Days	If less than one day
70	7	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business

FATHER
12. Name John Frank
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Amanda J. Morgan
15. Birthplace Baltimore Md

16 (a) Informant Ethel A Price (daughter)
(b) Address 3132 Ravenwood Av

17 (a) Burial (b) Date thereof 6/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilhoyte & Son
(b) Address 2119 E Fort Ave

19 (a) JUN 8 1948 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to June 5 1948, and that I last saw h[illegible] alive on May 4 1948

Immediate cause of death	Duration
Pneumonary Tuberculosis	1 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature I.F.A. Stevens M. D.
Address 2878 Harford Av Date signed 6 5 48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

V S 150

G63941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G63941

Please write the causes of death clearly and legibly. Physicians: please write legibly. Information requested is especially important. Answer all questions as correctly and completely as possible.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4000 Fairview Ave

(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4000 Fairview Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Anna Blankman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1865

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Russia

MOTHER

14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Mrs Sarah Friedman

(b) Address 4009 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Balt. Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

19 JUN 8 - 1948 (Date rec'd by registrar) (b) Funeral Director Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1948 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to June 7 1948 and that I last saw her alive on June 7 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to Arteris-Sclerosis — 10 yrs

Due to Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W J Bayless

Address 7040 Eutaw Date signed 6/8/48

VS 150

X

G63942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63942

63942 BC-694373 737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Ashburton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elaine J. Rose

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 18-1947

8. AGE: Years 0 | Months 6 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Abe Rose
13. Birthplace Penna

MOTHER
14. Maiden Name Eleanor J. Kohl
15 Birthplace Penna

16 (a) Informant ABE ROSE
(b) Address 14 N. Ashburton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-1948 (month) (day) (year)
(c) Cemetery or crematory Location Clarks Summit Penna

18 (a) Funeral director Pott & B. M. Walker
(b) Address Pratt & Stricker Sts

19 JUN 8 - 1948 (Date rec'd by registrar) (Signature of registrar) Huntington W. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1948 to 6/7 1948, and that I last saw her alive on June 7 1948.

Immediate cause of death	Duration
(a) Shock and	
(b) Heart failure	
Due to Severe Anemia Probably Nutritional	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Profound Anemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice A. Perelis M.D.
Address Sinai Hospital Date signed 6/7

VS 150

G63943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G63943

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Rosalind Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Rosalind Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine B. Hughes

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 30 1878

8. AGE: Years 69 | Months 8 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Carpenter.

11. Industry or business Papa Corp.

FATHER
12. Name Wm Hughes
13. Birthplace Md

MOTHER
14. Maiden Name Mary Stumpf
15. Birthplace Md.

16 (a) Informant Catherine B Hughes
(b) Address 2920 Rosalind Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Paul E Lehenauer Jr.
(b) Address 1615 Edmondson Ave

19 JUN 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948, at 1.05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardio-vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature CHESTER J. LUBINSKI, M.D.
Medical Examiner.
Date signed 6-7-48

Howard J. Wallis M.D.

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

C63947 — Dr. Grady

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. C63947

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Pineridge Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Southern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Lee Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mary Teresa

(c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 9 - 1869

8. AGE: Years 78 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry T. Scott

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah O. Yost

15. Birthplace Md.

16 (a) Informant Mrs. M. T. Scott

(b) Address 3901 Southern

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director L. J. Luck

(b) Address 530 N. Harford Ln

19 JUN 8 - 1948 (Date rec'd by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5- 1948; at 4 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1948 to June 5 1948 and that I last saw him alive on June 5 1948

Immediate cause of death Bronchio-Pneumonia — Duration 3 days

Due to Refused to take food for 3 weeks

Due to

Other Conditions Chronic myocarditis 5 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury None

23. Signature L. J. Grady M. D.

Address 5106 Harford Rd. Date signed 6-8-48

VS 150

107

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

663945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

663945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Montpelier St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Montpelier St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Daisy Quarles

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Edmond S. Quarles
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 9, 1858
8. AGE: Years 89 | Months 8 | Days 26 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Tenley
13. Birthplace Ga.

MOTHER
14. Maiden Name Elizabeth Tennant
15. Birthplace Germany - Unknown

16 (a) Informant Mrs. Annette Quarles
(b) Address 1712 Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Lee
(b) Address 2024 Orleans St.

19 JUN 8 - 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 19 at 11 29 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to Present 19 and that I last saw her alive on 19

Immediate cause of death: Cerebral hemorrhage

Due to: Arterio sclerosis

Due to: senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Grayson M. D.
Address 2502 Harford Rd Date signed 6/7/48

V S 190

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G63946

Please write the causes of death clearly and legibly. Physicians: please write your supplies.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 N. Bradford St.
(c) Hospital or institution: 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Bradford St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN R. MAURER

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Margaret Maurer
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1/13/1896

8. AGE: Years	Months	Days	If less than one day
52	4	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Gaurd
11. Industry or business Copper works

FATHER
12. Name Nickolas Maurer
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15 Birthplace ?

16 (a) Informant Margaret Maurer wife
(b) Address 109 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Avenue Extension

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 Eastern Avenue 31

JUN 8 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1948 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20th 1948 to June 4th 1948 and that I last saw h[im] alive on June 4th 1948

Immediate cause of death	Duration
Pneumonia Acdemo PULMONARY	2 days
Due to Chronic myocarditis MYOCARDITIS	6 M.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Jaukin M. D.
Address 100 W Fayette Date signed 6/7/48

VS 15)

H. J. Jaukin X

63947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 63947

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave. & Dukeland St.
(c) Hospital or institution:
West Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Clifton Ave. & Kernan Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD L. OFFLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bessie B. Offley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1888

8. AGE: Years	Months	Days	If less than one day
59	5	8	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John West Offley
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary A. Ebsworth
15. Birthplace Balto., Md.

16 (a) Informant Mr. Elmo L. Masters, son-in-law
(b) Address Clifton Ave. & Kernan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) JUN 8 - 1948 (Date rec'd by registrar) (b) Huntington Holloway M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 6 1948 at 8:00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1948, to 6-6 1948 and that I last saw h/h alive on 6-6 1948

Immediate cause of death	Duration
Cerebral Accident	
Due to Hypertensive Cardio-Vascular disease	
Due to Coronary occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. W. Birdsong M.D.
Address W. Balto. Dr. 11. Date signed 6-6-48 M. D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

G63948 48-12079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

Registered No. G63948

Every item of information should be carefully supplied. Please write plainly, with UNFADING INK. Every item must be answered; if none, write NONE. If unknown, or if the question does not apply, write UNKNOWN. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Baltimore Gen Hosp 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Lawrence St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Boy Nardan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/48

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace South Baltimore Gen Hosp
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arnold Nardone
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lydia Faust
15. Birthplace Baltimore

16 (a) Informant Arnold Nardone
(b) Address 1401 Andrew St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (month) (day) (year)
(c) Cemetery or crematory Fort Avenue Evang Cem
Location 6115 O'Donnell St

18 (a) Funeral director Chas P Dill
(b) Address 1521 E Fort Ave

19 (a) JN 8 1948 (Date rec'd by Local Registrar) (b) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 6:38 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948, to June 7 1948; and that I last saw him alive on June 4 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Intestinal obstruction	
Due to Congenital anomaly	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Hibbard M.D.

Address Date signed

VS 150

663949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. 663949

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4613 ParkHeights Ave
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 ParkHeights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL KLAWANSKY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Rubin Klawansky
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Morris J Rosenzwog
(b) Address Madison Apts 817 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

JUN 8 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, at 7.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1948, to June 8, 1948, and that I last saw h. alive on June 7, 1948

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney D. Levy, M.D.
Address 2322 Eastern Pkwy Date signed 6/8/48

VS 150

663950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Reg. No. 663950

E.J.A. 111719

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 847 S. Bond St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 847 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Etimie Or Marya Etimie

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-1582

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Simon F. Etine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1887

8. AGE: Years 60 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walenty Pilachowski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Buczkowski
15. Birthplace Poland

16 (a) Informant Records Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)

(c) Cemetery St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Weber
(b) Address 705 S. Ann street

19. JUN 8 - 1948 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 19 48 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death	Duration
Cerebro-Vascular Accident	2 days
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Scarborough M. D.
Address Balto. City Hosp. Date signed 6-7-48

Huntington Woollen Mills, Inc.

937

663951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 663951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3958 Brooklyn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3958 Brooklyn ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Knox

3 (b) If veteran, name war —
3 (c) Social Security Account No. 246-09-9234

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Helen C. Knox
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 23 - 1893

8. AGE: Years 54 | Months 8 | Days 13da | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Salesman & Collector
11. Industry or business Jewelry.

FATHER
12. Name Joseph Knox
13. Birthplace Poland.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Poland.

16 (a) Informant Helen C. Knox
(b) Address 3958 Brooklyn ave,

17 (a) Burial (b) Date thereof 6/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director J. J. Taylor & Sons
(b) Address 1218 Light St.

19 (a) D[illegible] Registrar (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 - 1948 at 11:58 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1948 to June 6 1948, and that I last saw h[illegible] alive on June 6 - 1948.

Immediate cause of death: Streptococcic Endocarditis — Duration 13 days.
Due to:
Due to:
Other Conditions: Coronary Thrombosis & Angina Pectoris — 3 years.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Roland, M. D.
Address 2532 Edmondson Ave Date signed 6-7-48.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G63952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G63952

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Eastport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Washington St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Christopher Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary E. Holland

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1861

8. AGE: Years 86 | Months 9 | Days 11 | If less than one day / hr. / min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired Waterman

11. Industry or business none

FATHER
12. Name John H. Holland
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Francis
15. Birthplace Maryland

16 (a) Informant Mr Luster R. Holland (Son)
(b) Address 400 Washington St Eastport, Anne Arundel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-48 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff.
Location Annapolis, Md.

18 (a) Funeral director E. Wallis Lamborn
(b) Address 1003 W. Baltimore St.

19 (a) JUN 8 1948 (b) Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 7 1948 at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-1948 to 6-7-1948, and that I last saw him alive on 6-7-1948.

	Duration
Immediate cause of death Edema, pulmonary; due to circulatory disturbance	24 hrs.
Due to Cardiac insufficiency	5 mos
Due to Arteriosclerosis in heart muscle	3 years
Other Conditions Chronic glomerulo-nephritis; Cerebral apoplexy	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lee M. Howard M. D.
Address Church Home Hosp. Date signed 6-7-48

VS 153

937

G63953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G63953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA (b) County
(c) City or town YORK (If outside city or town limits, write RURAL and give town)
(d) Street No. 567 MADISON AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME IRENE JOY EMANUEL

3 (b) If veteran, name war NONE
3 (c) Social Security Account No. NONE

4. Sex FEMALE
5. Color or race WHITE
6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife NONE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 16 1929

8. AGE: Years 19 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace YORK, PENNA. (Town, county, and state)
10. Usual Occupation STUDENT
11. Industry or business —

FATHER
12. Name EDWARD F. EMANUEL
13. Birthplace PENNA.

MOTHER
14. Maiden Name MABEL CONWAY
15. Birthplace PENNA.

16 (a) Informant EDWARD F. EMANUEL
(b) Address 567 MADISON AVE YORK PA

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 6 1948 (month) (day) (year)
(c) Cemetery or crematory MT. ROSE
Location YORK, PENNA.

18 (a) Funeral director WILLIAM COOK, INC.
(b) Address 1217 ST. PAUL ST.

19 (a) Date rec'd JUN 8 1948 (b) Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 9 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1.23 1948 to 6.7 1948, and that I last saw her alive on 6.7 1948.

	Duration
Immediate cause of death Coma -	
secondary to Cardiac	
Due to Decreased urine -	
output & uremia	
Due to Traumatic hemicephalon	
right - frontal - bilateral	
Other Conditions Malnutrition,	
Leukocytosis, dehydration	

(Include pregnancy within 3 months of death)
Date of operation T&E, dehydration
Major findings of operation:
of autopsy: Parenchymatous hepatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Alfred Goldsborough M.D.
Address University Hosp Date signed 6.9.48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the cause as especially important. The

663954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 663954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St.
(c) Hospital or institution: Franklin Square Hospital 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4147 Eierman Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Schmidt, Florence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Married

6 (b) Name of husband or wife Carl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1899

8. AGE: Years	Months	Days	If less than one day
49		19	hr. min.

9. Birthplace Anne Arundel Co., Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John J. Wheeler
13. Birthplace Pa.

MOTHER
14. Maiden Name Ella O'Connell
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Carl L. Schmidt
(b) Address 4147 Eierman Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 JUN 8 - 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 June 1948, at 1 35/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 June 1948, to 8 June 1948, and that I last saw h[illegible] alive on 8 June 1948.

Immediate cause of death Respiratory failure — Duration 1 hr.

Due to Subarachnoid accident

Due to Hypertensive heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roman V. Ulane M. D.

Address Franklin Sq. Hosp. Date signed 8 Jun

VS 150

Romano V. Ulane

663955 (404855)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

663955 Registered No.

Please write the information asked for. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 441 W Biddle, St. (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Thelma Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 236-20-6179

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col.	Married

6 (b) Name of husband or wife Samuel Johnson
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1910

8. AGE: Years	Months	Days	If less than one day
37	8	5	..... hr. ..... min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Cook ?
11. Industry or business Duck's Grill

FATHER
12. Name George Stewart
13. Birthplace Ohio

MOTHER
14. Maiden Name Silvia Morrison
15. Birthplace Ohio

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/48 (month) (day) (year)
(c) Cemetery or crematory.....
Location Athens, Ohio

18 (a) Funeral director Chas. R. Law
(b) Address 802 Madison Ave.

19 (a) JUN 8- 1948 (Date rec'd by reg.) (b) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 7- 1948 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6- 1948 to 6-7- 1948 and that I last saw her alive on 6-7- 1948.

Immediate cause of death	Duration
Acute Peritonitis	
organism not determined -	
Due to Pelvic Abscess and	
Bilateral Chronic Salpingitis	
ANURIA DUE TO	
SULFONAMIDE NEPHRITIS	
Other Conditions Diabetic Acidosis.	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation.....
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature Thelma J. Stephens M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS. 150

139a

663956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 663956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2775 Baker street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Calvert (Painter) Paynter

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-05-9346

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Elizabeth Alexis Paynter

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 6, 1912

8. AGE: Years: 96 | Months: 4 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation: Airplane Inspector

11. Industry or business

FATHER
12. Name: Roger E. Paynter
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Ina C. Yingling
15. Birthplace: Westminster, Md.

16 (a) Informant: Mrs. Ina C. Paynter
(b) Address: 2775 Baker street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/10/48 (month) (day) (year)
(c) Cemetery or crematory: Westminster, ----
Location: Westminster, Maryland

18 (a) Funeral director: J. Francis Leyh
(b) Address: Westminster, Md.

19 (a) JUN 8 - 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1948, at 1 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Fractured skull with subdural hemorrhage, right

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: 6-7-48 at 2:00 A.M.
(b) Where did injury occur? Democratic club + Pulaski Hwy
(c) Did injury occur at home, on farm, industrial place, in public place? Club While at work? no
(d) Means of injury: fist fight

23. Signature: Carl [illegible] M.D. (Medical Examiner)
Date signed: 6-7-48

VS 151

Correct age is especially important. Physicians: please write the name or information should be carefully supplied. The causes of death clearly and legibly.

BURGESS

663957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

663957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 -
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Hanover St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Luther E. Burgess Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-7-1925

8. AGE: Years: 23 | Months: 1 | Days: 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business Balto. Police Dept.

FATHER
12. Name Luther E. Burgess Sr.
13. Birthplace N.C.

MOTHER
14. Maiden Name Flora W. Inabutton
15. Birthplace Md.

16 (a) Informant Family
(b) Address.....

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Glen Burnie, Md.

18 (a) Funeral director James L. Lee Funeral
(b) Address 130 S. Fountaine Huntington Williams, Md.

19 (a) JUN 8 - 1948 (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June at 5:30 A.M.
(b) Where did injury occur? Annapolis Rd. near Farm Lane
(c) Did injury occur at home, on farm, industrial place, in public place? Public - While at work? No
(d) Means of injury Striking with Blunt Instrument

23. Signature Earl L. Kaylor M.D.
Medical Examiner
Date signed 6 June 48

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

663958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

663958 Registered No.

TYPE OR WRITE IN PERMANENT BLACK INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith
(c) Hospital or institution: Convent of Notre Dame 10-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Antonilla Koch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 1871
8. AGE: Years 76 Months 7 Days 20 If less than one day hr. min.
9. Birthplace Near York City (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name John Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Saleris
15. Birthplace Germany

16 (a) Informant Sr. M. Stan. Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Glen Arm

18 (a) Funeral director Geo. W. Smith & Son
(b) Address 811 N. Wolfe St.

19 (a) June 8 1948 (Date received by local registrar) (b) Huntington, Md.

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1948 to June 7 1948 and that I last saw h[illegible] alive on May 28 1948.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	
Due to Left Hemiplegia	
Other Conditions Pulmonary Embolus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Kirby
Address 110 E. North Ave. Date signed 8-24-48

X

G63959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G63959

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4516 Lorraine Ave

(c) Hospital or institution:
Colonial Nursing Home 2 1/2

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Mallow Hill Lane.
(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Mc Evoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Sarah T. Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1869

8. AGE: Years	Months	Days	If less than one day
78	6	16	15 hr. 0 min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Mc Evoy
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mary E. Clark
(b) Address 16 Mallow Hill Rd.

17 (a) Burial (b) Date thereof 6-9-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Fuchs
(b) Address Fulton ave & Fayette St

JUN 8 - 1948
(Date rec'd by registrar)

(b) Huntington Williamson, Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 June 1948, at 9.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 23 May 1948 to 6 June 1948 and that I last saw him alive on 6 June 1948

Immediate cause of death Arteriosclerotic

Due to C.V. Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Earl L. Royer, M. D.

Address 4 E. Lanvale St. Date signed 7 June 48

VS 150

X

G63960 TUNE G63960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: J. H. H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Baker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loretta M. Tune

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Roy A. Tune
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1910

8. AGE: Years 37 | Months 5 | Days 26 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation House Wife
11. Industry or business Self.

FATHER
12. Name Joseph E. Watson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Harriett E. Lilly
15. Birthplace Md Savage Md

16 (a) Informant Roy A Tune
(b) Address 2711 Baker St

17 (a) Burial (b) Date thereof 6/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Chas P Powell
(b) Address 2427 Edmondson Ave

19 JUN 8 - 1948 Hunting for Williams Mgr
(Date rec'd by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1948 at 12 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fatty degeneration of liver; Esophageal diverticulum and hernia with rupture of latter.

Edema of brain

Other Conditions Cloudy swelling of kidneys

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 6-8-48

correct age is especially important. Physicians: please write the

C63961

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1061B

Registered No. C63961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Tudelphia Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Julia I. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 28 1891

8. AGE: Years	Months	Days	If less than one day
56	10	19	hr. min.

9. Birthplace Stanley Md
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Theodore Thompson
13. Birthplace Md

MOTHER
14. Maiden Name Effie Duvall
15. Birthplace Md

16 (a) Informant William Thompson
(b) Address Finksburg Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt View
Location Alpha Md

18 (a) Funeral director H. C. Trimble & Son
(b) Address Ellicott City Md

19 (a) (Date rec'd by registrar) (b) Thomas J. Williams, M.D. Registrar

JUN 8 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1948, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1948, to 6-8 1948, and that I last saw h[illegible] alive on 6-8 1948

Immediate cause of death Cardiac & Resp. Failure — Duration

Due to Bronchiectasis + Multiple small Lung Abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. L. Jamison
Address University Hosp. Balto. Md. Date signed 6/8/48 X

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The USE INDELIBLE INK.

663962

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 170C

Registered No. 663962

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Curtis Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hawkins Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Forrest Clyde Williams

3 (b) If veteran, name war

3 (c) Social Security account No. 227-03-6301

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Pearl Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1896

8. AGE: Years 52 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace: Jascox W. Va.
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business: Century Construction Co

FATHER
12. Name: Jacob Williams
13. Birthplace: Braxton Co - W. Va

MOTHER
14. Maiden Name: Clemantine McMillion
15. Birthplace: Unknown

16 (a) Informant: Mr Joan Johns
(b) Address: Curtis Bay P.O. -26

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill
Location: Covington Virginia

18 (a) Funeral director: Milton Schilling
(b) Address: 3914 Hanover St 25

19 (a) JUN 8 - 1948 (Date rec'd by registrar) (b) Covington, Virginia, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948, at 3 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bronchopneumonia

Due to

Other Conditions: Surgical amputation, middle 3rd, left femur; Lacerations and bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/23/48 2:25 A. M. 25/5
(b) Where did injury occur? Pennington avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Pedestrian struck by auto.

23. Signature: Howard J. Madden M.D.
Medical Examiner.
Date signed 6-8-48

VS 151

correct age is especially important. Physicians: please write the ... Every item of information should be carefully supplied. ... CAPITAL LETTERS AND USING INK.

63963

BALTIMORE CITY HEALTH DEPARTMENT X 112

CERTIFICATE OF DEATH

Registered No. 663963

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Jefferson St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Henry E. Stuckey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: m.
5. Color or race: wh.
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Anna P. Stuckey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 22, 1876
8. AGE: Years 72 | Months 5 | Days 18 | If less than one day ... hr. ... min.
9. Birthplace: Iowa (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business: Business

FATHER
12. Name: Noah Stuckey
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Christina Arthur
15. Birthplace: Unknown

16 (a) Informant: Mrs Anna E. Stuckey Hospital record
(b) Address: 21 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory: Cemetery St Joseph
Location: Pekin Ill

18 (a) Funeral director: C E Cline & Son
(b) Address: Frederick Md

19 JUN 9 - 1948 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 1 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to June 9 1948 and that I last saw h.im alive on June 8 1948.

Immediate cause of death: resp. failure — Duration: 2 Wks
Due to: status asthmaticus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: James J Gerlach M. D.
Address: Mercy Hosp Date signed 6-9-48

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G63964

G63964

FORCE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2438 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2438 E. Preston st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Elizabeth Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29th 1864

8. AGE: Years	Months	Days	If less than one day
83	8	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business Salesman

FATHER
12. Name Herman Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Zulauf
15. Birthplace Germany

16 (a) Informant Catherine MacLarney
(b) Address 3803 ~~Gwynn Oak~~ Rd. Ashburton

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/10/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 E. Paul St

19 JUN 9 1948 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 5 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 7 1948 and that I last saw h[illegible] alive on June 7 1948.

Immediate cause of death	Duration
Carcinoma Larynx	14 D.
Due to Arteriosclerosis	
Due to old age.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice D. Shub M. D.
Address 1431 N. Kenwood Ave Date signed June 7 1948

X

663965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

663965 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 CAROLINE ST
(c) Hospital or institution: ST JOSEPHS HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Walker Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR CECIL S. MANN

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 217-07-7707

4. Sex: M

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Edna Mann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 3rd 1895

8. AGE: Years 52 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual Occupation: Radio Inspector

11. Industry or business: Bendix Corp.

FATHER
12. Name: James Mann
13. Birthplace: Scotland

MOTHER
14. Maiden Name (Mackown) Watt
15. Birthplace: Scotland

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 6/10/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 127 S. Paul St

19 (a) JUN 9 - 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1948, at 7:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 6-7 1948.
and that I last saw h.im alive on 6-7 1948.

Immediate cause of death	Duration
CARDIO-RESP FAILURE -	
SHOCK OPERATIVE	
Due to INTESTINAL OBSTRUCTION.	
Due to ABDOMINAL ADHESIONS	
Other Conditions CACHEXIA.	

(Include pregnancy within 3 months of death)

Date of operation 6-7-48

Major findings of operation: MULTIPLE DIVERTICULITIS

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B Wells M.D.
M. D.
Address Osler Hosp Date signed 6-7-48

66396

AB-15863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 12 B

Registered No. 66396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 1/

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 McKay Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kauck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1- 1873

8. AGE: Years 75 | Months 5 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unemployed

FATHER 12. Name John Kauck

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Christina Hasselhoff

MOTHER 15. Birthplace Germany

16 (a) Informant Records-Baltimore City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (month) (day) (year)

(c) Cemetery or crematory St. Paul's

Location Balto. Md.

16 (a) Funeral director Williams, Cook Inc.

(b) Address 1217 St. Paul St.

JUN 9 - 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6- 1948 at 12.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31- 1925, to 6-6- 1948, and that I last saw him alive on 6-6- 1948

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Barbarough

Address Balto City Hosp Date signed 6-7-48 M D

X

663967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 663967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 W 37th St
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 W 37th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Renia L. Miller.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Edward A. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1889

8. AGE: Years	Months	Days	If less than one day
58	8	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Wheeler
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Wilson
15. Birthplace Maryland.

16 (a) Informant Edward A. Miller
(b) Address 1212 W 37th St.

17 (a) Burial (b) Date thereof June 9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Austin E. Donovan
(b) Address 3638 Roland Ave
(b) Huntington Ave, Md.

JUN 9 - 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948, at 3 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 7 1948 and that I last saw him alive on June 2 1948.

Immediate cause of death	Duration
Cerebral Haemorrhage	1 day
Due to Hypertensive C-V Dis	
Due to	
Other Conditions Carcinoma of Colon	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Flaherman M. D.
Address 4037 Falls Rd. Date signed 6/8/48

VS 150

93D

663968 GM. 14232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 663968

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Even if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Yrs. 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Division ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Osborne Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Josephine (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 30 - 1871

8. AGE: Years	Months	Days	If less than one day
77	7	7	hr. min.

9. Birthplace Balto. MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Tiarman
13. Birthplace MD.

MOTHER
14. Maiden Name Matilda Johnson
15. Birthplace MD.

16 (a) Informant Regards Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Va Brookes
(b) Address 1463 N. Carey st.

19 (a) 9 1948 (b) Date rec'd by registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 7 - 1948, 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 - 11-1931 to 6 - 7 -1948, and that I last saw h im alive on 6 - 7 - 1948

Immediate cause of death Broncho pneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis generalized
Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert S. Easton M. D.
Address Baltimore City Hosp Date signed 6-8-48

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663969

BALTIMORE CITY HEALTH DEPARTMENT ✓ 663969
Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore -13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 Darley Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST PHILIP SCHNEIDER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1901

8. AGE: Years	Months	Days	If less than one day
46 47	6	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Park Dept. of
11. Industry or business Baltimore City.

FATHER
12. Name Philip E. Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Starman
15. Birthplace Baltimore

16 (a) Informant Mrs. Louise C. Kemp
(b) Address 1628 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10. 48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) JUN 9 1948 (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948 at 3.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/ 19 48 to 6/8/ 1948.
and that I last saw h[illegible] alive on 6/7/ 1948.

Immediate cause of death — Duration
Cardio. vascular - renal disease — since 5/27/48.
Due to Myocardial insufficiency — 4 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jos Sander M.D.
Address 527 E North Ave Date signed 6/8/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

663970 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 Fernhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Fernhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Elizabeth Granger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Granger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 11 1883

8. AGE: Years 65 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Seven Valleys Penna (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Lorenz Ruhland
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie C. Schuchardt
15. Birthplace Delaware

16 (a) Informant William H. Granger
(b) Address 4205 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Woodlawn Md
Location Harry R. Ormsrod
18 (a) Funeral director
(b) Address 4204 Ridgewood Ave

JUN 9 1948 (Date rec'd by registrar) (b) Interior Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948 to June 8 1948 and that I last saw her alive on June 8 1948.

Immediate cause of death: Coronary Occlusion — Duration: 1 day

Due to: Arteriosclerosis and Hypertensive Heart Disease — 15 yrs

Due to:

Other Conditions: Ca. of left breast — 16 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Holden M. D.

Address 1906 Park Heights Ave Date signed 6/8/48

937

663971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 663971

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Lent St.
(c) Hospital or institution: City Morgue 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 S. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b). Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Alexandria Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Taylor
13. Birthplace Va.

MOTHER 14. Maiden Name Elsie Williams
15. Birthplace Va

16 (a) Informant Robert Taylor 7 Hillsboro
(b) Address 9 No Braddock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Lane

19 (a) JUN 9 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1948, at 10 30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Apparently drowned

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury found 6-2-48 at 7:00 P.M.
(b) Where did injury occur? found fo of Wills St.
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury ? and drowned

23. Signature Howard J. Mesrie M.D. Medical Examiner.
Date signed 6-3-48

VS 151

G63972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G63972 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Liggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	M.

6 (b) Name of husband or wife Walter Liggins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ed Henson
13. Birthplace ?

MOTHER
14. Maiden Name Maggie Garrett
15. Birthplace Md.

16 (a) Informant William Smith
(b) Address 629 W. Mulberry

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location City

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Arlington Ave
JUN 9 - 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948, at 6.15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Kay M.D.
Medical Examiner
Date signed 6-5-48

G63973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G63973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the e the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 So. Regester St
(c) Hospital or institution: 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and name town)
(d) Street No. 24 So. Regester St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1882

8. AGE: Years 66 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Rafford N. C (town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nelson Lawson
13. Birthplace N. C

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bertha Woolford
(b) Address 174 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10th 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location D. C. Co. Md.

18 (a) Funeral director Byron & Francis & Wright
(b) Address 721 Eutaw St

19 (a) 6 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 6 - 1948, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12- 1948 to 19, and that I last saw him alive on 6 - 5 - 1948

Immediate cause of death Cardiac & Renal disease — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H. Conjill M. D.
Address 611 N. Carolina Date signed 6 - 7 - 48

VS 150

663974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663974 ✓ 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 E. Chase St
(c) Hospital or institution: 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hardell Grafer Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1st 1904

8. AGE: Years 44 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace S. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Annie Land
(b) Address 1509 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9th 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location U. A. Co. Md.

18 (a) Funeral director Guy Stout Mamie McWright
(b) Address 727 Eutaw Pl

JUN 9 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948 at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to June 6 1948 and that I last saw h alive on June 1948

Immediate cause of death Pneumonia

Duration 1 Day ?

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Lucy

Address 1420 E. Chase Date signed 6.18.48 D

VS 130

X

663975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 663975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 George St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Boyd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William Boyd
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 1872
8. AGE: Years 75 | Months 9 | Days | If less than one day hr. min.
9. Birthplace Warrenton N. C. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hannabal Alston
13. Birthplace Warrenton N.C.

MOTHER
14. Maiden Name Sallie Ann ?
15. Birthplace N.C.

16 (a) Informant Georgia Taylor
(b) Address 628 George St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 10, 1948 (month) (day) (year)
(c) Cemetery or crematory Norlina. N.C.
Location Norlina N.C.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (Date rec'd by Registrar) JUN 9 - 1948 (Signature for Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1948 at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 June 1948 to 8 June 1948, and that I last saw h.e. alive on 8 June 1948.

	Duration
Immediate cause of death: Anemia	3 weeks
Due to: Chronic Glomerular Nephritis	?
Due to: Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford A. Musselman M.D.
Address 2209 Druid Hill Date signed 9 June 48

VS 150

663976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

663976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Dolphin St (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country None

3 (a) FULL NAME Alverta Birdie Kent

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Fe
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Kent
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/2/1913
8. AGE: Years 35 Months 2 Days 6 If less than one day hr. min.
9. Birthplace Burgtown Accomac Co. Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Palmer
13. Birthplace Accomac Co., Va.

MOTHER
14. Maiden Name Leah Finney
15. Birthplace Accomac Co., Va.

16 (a) Informant Mrs. Alvin Palmer
(b) Address 547 N. Fulton Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St
19 (a) JUN 9 - 1948 (Date rec'd by registrar) (b) Burial Permit Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1948, at 8:02 M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1948, to 6/5 1948, and that I last saw her alive on 6/5 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 Day
Due to: Hypertension	
*Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature William H. Garner M. D.
Address 1514 Division St signed 6/8/48

VS 150

663977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

663977 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Type or write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Vine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milton Bryant

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-1910

8. AGE: Years	Months	Days	If less than one day
37	8	3	hr. min.

9. Birthplace Wilson, N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jerf Bryant
13. Birthplace N. C.

MOTHER
14. Maiden Name Jennie Bynum
15. Birthplace N. C.

16 (a) Informant Fleter Gilmore
(b) Address 810 Vine Street

17 (a) Disposal (Burial, cremation, or removal) (b) Date thereof 6/10/48 (month) (day) (year)
(c) Cemetery or crematory Wilson N. C
Location

18 (a) Funeral director Mr Katie R. Williams
(b) Address 322 N. Schroeder St

19 JUN 9- 1948 (Date rec'd by registrar) Huntington Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 1" A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Stab wound of heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-8-48 at Approx. 12 45 P. M.
(b) Where did injury occur? 1001 Fayette St.
(c) Did injury occur at home, on farm, industrial place, in public place? a home While at work? no
(d) Means of injury [illegible] instrument
Signature Carl L. Fyler M.D. Medical Examiner.
Date signed 6-8-48

VS 151

663978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. 663978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 W. Fairmount Ave.
(c) Hospital or institution: ----------
20
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA E. BETHEL

3 (b) If veteran, name war ******

3 (c) Social Security Account No. *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife HORACE BETHEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1869

8. AGE: Years	Months	Days	If less than one day
78	11	16	..... hr. ..... min.

9. Birthplace Bahamas Island
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Ranger
13. Birthplace Bahamas Is.

MOTHER
14. Maiden Name Louisa Tedder
15. Birthplace Bahamas Is.

16 (a) Informant Horace Bethel (husband
(b) Address 1824 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem.
Location Dorsey, Maryland

18 (a) Funeral director F. B. WIPPERT & SON
(b) Address 1300 EUTAW PLACE...17

JUN 9 - 1948 (Date rec'd by registrar) (by) Hunting Town Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 th. 1948, at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1930, to June 7 1948, and that I last saw HER alive on June 7 1948

Immediate cause of death Carcinom of colon — Duration 6 month

Due to

Due to

Other Conditions Diabetes Mellitus Hypertension Hypothyroidism
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison M. D.
Address 11 E. Chase St/ Date signed 6/9/48

663979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G63979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1480 CAROLINE ST
(c) Hospital or institution: ST VOS HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County 1
(c) City or town BALTO 8
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Eaton St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ADAM HOLLERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Ella Hollerman nee Hagmuth

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 7-6-70

8. AGE: Years 77+ | Months 11 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired (Laborer)

11. Industry or business

FATHER 12. Name Herman Hollerman

13. Birthplace Holland

MOTHER 14. Maiden Name Mary Tennyson

15. Birthplace Md.

16 (a) Informant Ella Hollerman

(b) Address 252 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Boulevard

18 (a) Funeral director John G. Connelly

(b) Address 418 Eastern Ave. East

19 JUN 9 - 1948 (Date rec'd by registrar) (b) Huntingtown Williamsville MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1948, at 9 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1948, to 6-7 1948, and that I last saw h. alive on 6-7 1948.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to H. C. V. D.	
OPERATIVE SHOCK	
Due to BILIARY OBSTRUCTION	
Other Conditions COMMON DUCT	

(Include pregnancy within 3 months of death)

Date of operation 6-7-48

Major findings of operation: STONE IN COMMON DUCT

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Weller M. D.

Address 1st Jay St Hosp Date signed 6-7-48

VS 150

663980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

Registered No. 663980

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy 10-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) **FULL NAME** Mamie McNeal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: BLACK

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-1911

8. AGE: Years 36 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob Galbreth
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Betty Brown
15. Birthplace N. Carolina

16 (a) Informant
(b) Address

17 (a) Shipped (b) Date thereof 6-10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rae Ford
Location N. Carolina

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 JUN 9 - 1948 (By) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-48 19 , at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 27 1948 to ~~MAY~~ JUNE 7 1948 and that I last saw h[illegible] alive on June 7 1948.

Immediate cause of death	Duration
Chronic glomerular nephritis 5	
Due to uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Scott M.D.
(M. D.)
Address Mercy Date signed 6/7/48

G63981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

G63981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospitals 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Mound St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucille Carmen

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1919

8. AGE: Years	Months	Days	If less than one day
28	7		hr. min.

9. Birthplace Adding N. C (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ed Commen
13. Birthplace N.C.

MOTHER
14. Maiden Name Blanc
15. Birthplace N.C.

16 (a) Informant Martha Taft
(b) Address 935 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 | 11 | 48 (month) (day) (year)
(c) Cemetery or crematory Greenville
Location Greenville N.C.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1203 Brentman St

19 JUN 9 - 1948 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 4 20 P M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchial Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L Pryor M.D. (Medical Examiner)
Date signed June 9, 1948

VS 151

663982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. 663982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins ave
(c) Hospital or institution: St. Agnes Hospital 25-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2633 Maisel St. 30 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Willhide.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex X. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife late Joseph E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1886

8. AGE: Years 62 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Housewife.
11. Industry or business

FATHER 12. Name Isaac Stiles (dicd)
13. Birthplace N. J.

MOTHER 14. Maiden Name Sarah White.
15. Birthplace N. J.

16 (a) Informant Mrs. Sarah Benson.
(b) Address 2633 W. Maisel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave

19 (a) JUN 9 1948 (Filled in by registrar) (b) Burial permit issued by Registrar Williams

VS-129 A 11

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-48 1948, at 12 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1948 to 6-8-1948, and that I last saw h[illegible] alive on 6-7 1948.

	Duration
Immediate cause of death: Cardiac failure	
due to: Ca of transverse colon with metastases	
due to: to liver + retroperitoneal glands	
Other Conditions: RETROPERITONEAL	

(Include pregnancy within 3 months of death)

Date of operation May 24

Major findings of operation: Ca of transverse colon with metastases to liver + retroperitoneal glands

Report of autopsy: TRANSVERSE CA/OF

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney J. Vernick MD M. D.

Address St Agnes Hospital Date signed 6-8-48

X

G53983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G53983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Levindale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Joseph W. Levie

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Julia H. Levie | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 1877

8. AGE: Years 71 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Levie
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Neumark
15. Birthplace Germany

16 (a) Informant Mrs. S. B. Rohrbaugh
(b) Address Temple Gardens Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (month) (day), (year)
(c) Cemetery ~~crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Baird Sandheim & Gorm
(b) Address 1902 Eutaw Place

JUN 9 - 1948 (Date rec'd by Registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1948, at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16th 1948 to June 8th 1948, and that I last saw h.e alive on June 8 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive Arteriosclerosis	
Due to:	
Other Conditions: Status after left sided hemiplegia; Retained sponge of	

(Include pregnancy within three months of death)

Date of operation
Major findings of operation:
of autopsy: Coronary heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome J. Blumberg M.D.
Address Levindale Home Date signed 6/9/48

VS 150

83a

G63984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

Registered No. G63984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... # 15
(c) Hospital or institution: Bon Secur Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gayette & Pulaski 2757 W. North Ave (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME Dr. Francis Leslie C. Helm

3 (b) If veteran, name war ...
3 (c) Social Security Account No. ...

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edna Smith Helm
6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Oct. 9-1883
8. AGE: Years 64 Months 8 Days 29 If less than one day ... hr. ... min.
9. Birthplace New Windsor Md (Town, county, and State)
10. Usual Occupation Medical Physician
11. Industry or business ...

FATHER
12. Name Dr. J. W. Helm
13. Birthplace Baltimore City Md

MOTHER
14. Maiden Name Mollie Cooke
15 Birthplace New Windsor Md

16 (a) Informant Mrs. Edna Smith Helm
(b) Address 2757 W. North Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-48 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cem
Location New Windsor Md
18 (a) Funeral director Francis Cook Sypes
(b) Address 1610 W. North Ave.
JUN 9 - 1948 (a) Huntington Williams M.D. (Date rec'd by registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 6:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948, to 6/7 1948, and that I last saw h[illegible] alive on 6/7 1948

	Duration
Immediate cause of death: Respiratory failure	10 Min.
Due to: Thyrotoxicosis	7 Months.
Due to: Diffuse toxic Adenoma of thyroid gland	7 months.
Other Conditions: Nodular goitre Thyroidectomy.	10 yrs.

(Include pregnancy within 3 months of death)
Date of operation June 6, 1948.
Major findings of operation: Toxic diffuse Adenoma of thyroid
of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...
23. Signature Frederick L. Stiehl Jr. M. D.
Address Bon Secours Hospital Date signed 6/7/48

X

Hal 3G63985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G63985 Registered No. 42951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Willoughby (If outside city or town limits, write RURAL and give town)
(d) Street No. River Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Kay Judith Kingsland

3 (b) If veteran, name war 0

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Child Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-42

8. AGE: Years 5 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sidney Kingsland
13. Birthplace N.Y.

MOTHER
14. Maiden Name Dorothy LaPorte
15. Birthplace Pa.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/48 (month) (day) (year)
(c) Cemetery or crematory
Location Cleveland, Ohio

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Po. Ares

19 (a) (b)
(Date rec'd by registrar) JUN 9- 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1948, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1- 1948 to 6-9 1948. and that I last saw her alive on 6-9 1948

Immediate cause of death Heart Failure — Duration

Due to Operation

Due to Congenital malformation of heart, cyanotic group — 5 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6-7-48
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Allen Engle M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

G63986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 83a

G63986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 N. Charles Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: EMMA E. CHALMERS

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Henry W. Chalmers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1857

8. AGE: Years 90 | Months 6 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Peter Gunts
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Thompson
15. Birthplace Maryland

16 (a) Informant Mrs. C. LeRoy Miller, Grandson
(b) Address 4210 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

JUN 9 - 1948
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948, at 5 M P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948 to June 6 1948 and that I last saw h[illegible] alive on June 6 1948.

	Duration
Immediate cause of death: Cerebral hemorrhage	17 days.
Due to: Hypertension + arterio-	four yrs.
Due to: sclerosis. —	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 2200 Garrison Blvd. Date signed 6/7/48

G63987 ✓ G63987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. .....

Every item of information should be carefully supplied. The write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: West Baltimore Gen. Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Carroll N. Sheets

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Florence Barker
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1903

8. AGE: Years	Months	Days	If less than one day
44	6	5	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Crown Cork & Seal

FATHER
12. Name Leonie J.
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Nellie A. Walsh
15. Birthplace Ireland

16 (a) Informant: Mr. Leonie J. Sheets
(b) Address 1613 N. Fulton Ave.

17 (a) Burial (b) Date thereof 6/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland.

18 (a) Funeral director Lorman Byers
(b) Address 5005 Park Heights Ave.

19 (a) 1948 (b) .....
Date received by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 2:05 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Fractured skull & intracranial hemorrhage
Due to .....
.....
Other Conditions .....
.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-8-48 at ~ 15/2 A.M.
(b) Where did injury occur? Found: Presbury & Fulton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Strangulation

23. Signature Earl L. Kaylor M.D.
Medical Examiner
Date signed 6-8-48

VS 151

Huntington Williams, M.D.

3C-48-11906
G63988

BALTIMORE CITY HEALTH DEPARTMENT ✓ G63988 Registered No.
CERTIFICATE OF DEATH 157E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert
(c) Hospital or institution: Union Memorial 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Bellemore Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NANCY FREY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1948

8. AGE: Years | Months | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Walter Albert Frey, Jr.
13. Birthplace Balt., Md

MOTHER
14. Maiden Name Florence Colbert Lottle
15. Birthplace Balto., Md

16 (a) Informant Mother Mrs. Walter A. Frey Jr.
(b) Address 919 Bellemore Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemt. Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tichner & Sons
(b) Address North & Pa. Aves

JUN 8 - 1948 (Date rec'd by registrar) Temperton Williamson, Registrar

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-48 1948 at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1948 to June 8 1948, and that I last saw h[illegible] alive on June 8 1948.

Immediate cause of death: Congenital heart disease — Duration 4 days
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John B. Murray Jr. M. D.
Address 9 Ritchie Pk. Bmore Date signed June 8-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171C

G63989 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15-
(c) Hospital or institution: West Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Diven Lee Preston

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Evelyn R. (nee Buffington)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1904

8. AGE: Years	Months	Days	If less than one day
43	9	6	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Burl A. Preston
13. Birthplace Harford Co.

MOTHER
14. Maiden Name Mary E. Farrington
15. Birthplace Balto.

16 (a) Informant Mrs. Evelyn R. Preston
(b) Address 1922 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 9 1948 (b) Huntington Avenue, Md. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948 at 4 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-8-48 at 1:00 A.M.
(b) Where did injury occur? North Ave - 90' east of Payson St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by auto

23. Signature M.D. Medical Examiner
Date signed 6-8-48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G63990 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 E. 28th st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. 28th st (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marie Bowers

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: Nor

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Henry M. Bowers

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 27- 1876

8. AGE: Years 71 | Months 10 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace County Colway-Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Cornelious
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cormley
15. Birthplace Ireland

16 (a) Informant Mrs Lydia Bowers Carpenter
(b) Address 322 E. 28th

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 W. Mt. Royal Ave.

19 (a) 6 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944 to June 8 1948 and that I last saw h[illegible] alive on June 8 1948.

Immediate cause of death	Duration
Metastasis from	
Carcinoma of breast	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Mortimer Jr. M. D.
Address 2256 St Paul St Date signed 6/7/48

VS 150

X

G63991

48 - 12089

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G63991

CERTIFICATE OF DEATH

161a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 CALVERT STS
(c) Hospital or institution:
UNION MEMORIAL HOSP
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 2
(e) Length of stay in Baltimore (~~yrs., mos.~~, or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County HARTFORD
(c) City or town BEL AIR
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN ROBERT JOSEPH MARTINEK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1948

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. min.

9. Birthplace BALTIMORE
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Francis Martinek
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lorraine Etta Ward
15. Birthplace Falston

16 (a) Informant Father
(b) Address Benson Md

17 (a) Burial (b) Date thereof 6/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Bel Air Md

18 (a) Funeral director Chas E Cook
(b) Address Benson Md

19 (a) JUN 10 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948 at 6 48 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to June 9 1948, and that I last saw him alive on June 9 1948.

Immediate cause of death	Duration
Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E B Conkle M.D.
Address Union Memorial Hosp Date signed June 9/48

VS 150

X

G63992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G63992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 Sherwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Sherwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Worick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Sarah E. Worick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17th 1863

8. AGE: Years 84 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Bricklayer

FATHER
12. Name George Worick
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. (Unknown)
15 Birthplace Balto. Md.

16 (a) Informant Chas. A. Worick
(b) Address 2329 Sherwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) JUN 10 1948 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1948, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to June 9 1948 and that I last saw h~~im~~er alive on June 4 1948.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A. Wolfe M. D.
Address 1331 North Ave Date signed 6-9-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

663993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

663993
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer N. Berman

3 (b) If veteran, name war: WORLD WAR I
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rae
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1892

8. AGE: Years: 56 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: Clerk
11. Industry or business

FATHER
12. Name: Morris Berman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Jennie Blum
15. Birthplace: Russia

16 (a) Informant: Jack Berman
(b) Address: 2106 Whittier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Washington Road
Location: Washington Blvd

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 (a) JUN 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 6.05 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary thrombosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Carl H. Rogers M.D.
Medical Examiner
Date signed June 9, 1948

VS 151

C63994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

C63994 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 Barrington Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) +5-10
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Barrington Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Posneisky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Geitel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 1878

8. AGE: Years: 70 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business: Real Estate

FATHER
12. Name: Itzha Posneisky
13. Birthplace: Poland

MOTHER
14. Maiden Name: Syril Choynitski
15. Birthplace: Poland

16 (a) Informant: William Lewis
(b) Address: 4804 Pall Mall Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1948 (month) (day) (year)
(c) Cemetery or crematory: New York City
Location: New York City

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 JUN 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 9.35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1947 to June 9 1948.
and that I last saw him alive on June 9 1948

Immediate cause of death	Duration
Myocardial failure due to	1 day
Arteriosclerotic Heart Disease	3 yrs.
Due to and emphysema	3 yrs.
Due to	
Other Conditions Paralysis right	Since 11/27/47

Causes of Urinary Tract due to sclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1948 at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton E. Lowman M. D.
Address 4843 Park Heights Ave. Date signed 6/10/48

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G63995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G63995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Hawthorn Road
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 0
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co.
(c) City or town Balto Co. (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Hawthorn Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Boston Stewart Steuart

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James Law Stuart
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec-16-1863

8. AGE: Years 84 | Months 5 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace A A Co. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Wm. Donaldson Stuart
13. Birthplace Maryland

MOTHER
14. Maiden Name Matilda Montell
15. Birthplace New York

16 (a) Informant Mrs Elizabeth S. Provost (dtr)
(b) Address 5029-N-25th-Arlington Va.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June-10-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Stewart Mortuary Co
(b) Address 108 W Monk Av

19 (a) JUN 10 1948 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1948, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to June 9 1948, and that I last saw h. alive on June 9 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: — Duration

Due to: — Duration

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Stefsich
Address 5006 Roland Ave Date signed 6/9/48 M. D.

VS 150

X

C63996 GM. 120289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C63996

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Kenyon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Warner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Richard Warner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24 -1901

8. AGE: Years	Months	Days	If less than one day
46	6	16	hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name McHenry Snyder (D)
13. Birthplace MD.

MOTHER
14. Maiden Name Mary Farmer (D)
15. Birthplace MD.

16 (a) Informant Records B lto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto

18 (a) Funeral director Sorg Henderson
(b) Address 3040 Kentucky ave

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 9 - 1948 at 8.10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 8 - 1948 to 6-9 - 1948, and that I last saw her alive on 6 - 9 - 1948

Immediate cause of death	Duration
Diabetes Mellitus	yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Au shave

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Robinson Jr. M. D.
Address Balt. City Hosp. Date signed 6/9/48

VS 150

663997BC 48-11486 BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. 663997

GM. 119896 CERTIFICATE OF DEATH 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 W. Saratoga ST. 223
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Butler Baby Boy (Florence) Mother

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5-23-48

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Brown
13. Birthplace ?

MOTHER
14. Maiden Name Florence Butler
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave. At 9.00 Am

17 (a) Cremation (b) Date thereof 6- 3- 48
(Burial, cremation, or removal) (month) (day) (year)
(c) [redacted] crematory B.C.H.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUN 10 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 1 1948, at 3:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 23 - 1948 to 6 - 1 1948 and that I last saw h[illegible] alive on 6 - 1 - 1948

Immediate cause of death	Duration
Prematurity	8 days
Due to	
Due to	
Other Conditions Bronchopneumonia?	3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Prematurity, Bronchopneumonia?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julian P. Griffin M. D.
Address Balt. City Hosp. Date signed June 5 '48

VS 150

G63998-48-11419

GM. 120058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

✓ G63998 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Hrs. 52Min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Fetzer (Mother Dora)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5- 29- 48

8. AGE: Years	Months	Days	If less than one day
			3 hr. 52 min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Cecil Fetzer
13. Birthplace PA.

MOTHER
14. Maiden Name Dora Ardrey
15. Birthplace PA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremation (b) Date thereof 6-1-48 At (.M.)
(Burial, cremation, or removal) (month) (day) (year)
(c) [redacted] crematory B.C.H.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUN 10 1948 Thurston Williams M.D.
(Registered by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5- 30 - 1948, at 1.05AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5- 29 - 1948, to 5- 30 - 1948, and that I last saw him alive on 5- 30 - 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs.
Due to	
Due to Prematurity	3 hrs
Other Conditions Atelectasis	3 hr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julian P. Griffen M. D.
Address Balt. City Hosp. Date signed June 5 48

663999 48-11782 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 160c

Registered No. 663999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Green St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby-boy Hale

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6/7/48

8. AGE: Years	Months	Days	If less than one day
			4 hr. 5 min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Carnie Hale
13. Birthplace ?

MOTHER
14. Maiden Name Romane Hill
15 Birthplace Md.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18 (a) Funeral director
(b) Address
19 (a) [illegible] 1948 (b) Huntingtown, Md. (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to June 7 1948. and that I last saw him alive on June 7 1948

Immediate cause of death	Duration
Shock	
Due to hemorrhage and exposure	
Due to rupture of umbilical vessels	
Other Conditions prolapse of umbilical cord	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: fetus, placenta and hemorrhage
of autopsy: umbilical vessels

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mason C. Andrews M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-9-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

64000 Registered No. 64000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 W. Fayette St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Co Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PETRONE OZUNAS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Justin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1885

8. AGE: Years 62 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation TAILOR - Retired

11. Industry or business Houses

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant ALBERT OZUNAS
(b) Address 644 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles W Eschenbach
(b) Address 703 McHenry St.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1946 to June 7 1948, and that I last saw deceased alive on June 6 1948.

Immediate cause of death: Carcinoma of gall bladder — Duration 1 year

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature John P. Wehrle Jr.
Address 1227 Edwards Blvd Date signed 6/8/48

G64001 RYTINA BALTIMORE CITY HEALTH DEPARTMENT G64001

CERTIFICATE OF DEATH 93a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N Duncan St 31
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N Duncan St 31
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Vaclav Rytina

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mary Rytina
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sep 28, 1876

8. AGE: Years	Months	Days	If less than one day
71	8	13	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name James Rytina
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Mary Kasik
15. Birthplace Czechoslovakia

16 (a) Informant James Rytina Son
(b) Address 404 N Duncan St

17 (a) Burial (b) Date thereof 6-12-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Frank Brachbill
(b) Address 900 E. Chester st

19 (a) JUN 10 1948 Huntington for Hillegas M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 June 1948, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 May 1948 to June 1948, and that I last saw h alive on 9 June 1948.

Immediate cause of death: Subacute Myocarditis — Duration: Hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stella MD M. D.
Address 2214 E Fayette St 31 Date signed

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

664002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 664002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Presstman St.
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Presstman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis W. Boyer

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth M. Boyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1886

8. AGE: Years 61 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business Seaton Institute

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant: Mrs. Elizabeth M. Boyer
(b) Address 3100 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Tunstall Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 8.45 AM

21. I certify that I took charge of the remains described above, held an Inquest & inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Artery Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George E. Merrill M.D. Medical Examiner.
Date signed June 9, 1948

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64003

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3024 Gwynns Falls Pkwy
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Gwynns Falls Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER DANIEL LUBY

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-03-0258

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna Louise Luby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1907

8. AGE: Years 40 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Lipman & Rose Co.

FATHER
12. Name Michael J. Luby
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Heilman
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Walter D. Luby
(b) Address 3024 Gwynns Falls Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 8 1948, and that I last saw him alive on June 8 1948.

Immediate cause of death	Duration
Coronary Thrombosis	1-3 hrs.
Due to Hypertension & Cardio-vascular Disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Robinson M.D.
Address 835 Gwynns Falls Pkwy Date signed 6/9/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G64004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1502 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUSSELL C. ROHRER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 17, 1870

8. AGE: Years	Months	Days	If less than one day
78	2	20	hr. min.

9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. C. G. Rohrer
(b) Address 1502 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) 1948 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948, at 2:10PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to June 7 1948, and that I last saw h[illegible] alive on June 7 1948.

Immediate cause of death	Duration
Carcinoma of Rectum	6 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward S. Kaelin
Address 1407 W. North Ave Date signed 6/9/48

VS 150

Bache

064005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 064005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution: Balto. City morgue DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 North 19th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Bache

3 (b) If veteran, name war

3 (c) Social Security Account No. 177-14-9423

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1920

8. AGE: Years 28 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Phila. Pa.
(Town, county, and state)

10. Usual Occupation SEAMAN

11. Industry or business

FATHER
12. Name FRANK W. BACHE
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Josephine —
15. Birthplace Phila. Pa.

16 (a) Informan: DR. Walter L. Bache
(b) Address Phila. Pa.

17 (a) Burial (b) Date thereof 6/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germantown & Hill Rds.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Middle St.

19 (a) JUN 10 1948 Huntington Williams
(Filed) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 23/3
(a) Date of injury Found 12 10 PM 6-6-48 at
(b) Where did injury occur? Found:- Back Basin
(c) Did injury occur at home, on farm, industrial place, in public place? Public (Water) While at work? No
(d) Means of injury Found Drowned

23. Signature [signature] M.D.
Medical Examiner.
Date signed 6/7/48

VS 151

X

3C = 48-1434 (PROSER)
G64006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G64006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Proser (Boy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 7, 1948

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Israel Proser
13. Birthplace

MOTHER
14. Maiden Name Yetta
15. Birthplace

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Baltimore Lane

18 (a) Funeral director Jacob Deems Inc
(b) Address 2100 Eutaw Pl

19 (a) JUN 16 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1948, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1948, to 6/10 1948, and that I last saw h[illegible] alive on 6/10 1948.

Immediate cause of death	Duration
Atelectasis	
Due to Prematurity (7 months)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Peralli M.D.
M. D.
Address Sinai Hosp Date signed 6/10

Waiting for Williams, Md

VS 150

X

G64007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1250

Registered No. G64007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N. Central Ave
(c) Hospital or institution: 10-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmett Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17 1891

8. AGE: Years 57 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace New Kent County Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Joseph Burrell
13. Birthplace Va.

MOTHER 14. Maiden Name Mary Scott
15. Birthplace Va.

16 (a) Informant Laura Burrell
(b) Address 906 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location G. A. County Md.

18 (a) Funeral director Mrs. Prof. Williams & Sons
(b) Address 1129 N. Carrollton Ave

19 (a) Date rec'd JUN 10 1948 (b) Registrar Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1948 to 6/7 1948 and that I last saw h[e] alive on 6/7 1948.

Immediate cause of death Coronary occlusion — Duration 2 days

Due to Atherosclerosis & arteriosclerosis

Due to Congestion of Pulmonary Circulation

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alma L. Lefevre

Address 1221 N. Broadway Date signed 6/9/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N.Cadtle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N.Castle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME George W.Hager

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-07-6978

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Hager
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct.8,1873

8. AGE: Years 74 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation (Kooper)
11. Industry or business Kimble & Tyler

FATHER
12. Name Geo.Hager
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Lange
15. Birthplace Germany

16 (a) Informant Mrs.Elizabeth Hager
(b) Address 204 N.Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9/48 19 , at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec.2 1947 to June 9 1948 and that I last saw h. alive on June 7 1948

	Duration
Immediate cause of death: Acute Coronae Failure	4 days
Due to: Arteriosclerotic Heart Disease	10 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 2413E Monument St Date signed 6/9/48

Registrar

6/9/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C64009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

C64009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 649 Portland St, Bal 5
(c) Hospital or institution:
South Baltimore Gen Hosp 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore Md 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 649 Portland St
(If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country [illegible] (?)

3 (a) FULL NAME ADAM DANYLUK or Daniels

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15, 1897

8. AGE: Years	Months	Days	If less than one day
50	6	8 2 3	hr. min.

9. Birthplace Europe - Russia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Hotel

FATHER: 12. Name ?

13. Birthplace

MOTHER: 14. Maiden Name ?

15. Birthplace

16 (a) Informant John A. Greblunaukas Jr

(b) Address 423 S. Paca St Bal 5

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-48 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Stoney Run Md

18 (a) Funeral director John A Greblunaukas Jr

(b) Address 423 S. Paca St

19 [illegible] 1948 (Date rec'd by Registrar) Huntington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8- 1948 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1948 to 6-8 1948 and that I last saw him alive on 6-8 1948

Immediate cause of death Pulmonary Embolism — Duration ?

Due to —

Due to —

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: died alone

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature John M Blenton Jr M. D.

Address South Bal 5. Md Date signed 6/8/48

VS t50

Bal 5., Md 1112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C64010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C64010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Preston Apts.
(c) Hospital or institution:
none 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Preston Apts. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Corner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24, 1871

8. AGE: Years	Months	Days	If less than one day
76	5	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William H. Corner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Camilla Cromwell
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Helen C. Corner
(b) Address Preston Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JUN 10 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8/48 19 to 6/8/48 19, and that I last saw her alive on 6/8/48 19

Immediate cause of death: Coronary occlusion, acute. — Duration: Sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jarrett, M. D.

Address 11 E. Chase St. Date signed 6/9/48

Dr. Jarrett X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G64011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Dorsey Pue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) May 17, 1870

8. AGE: Years 78 | Months -- | Days 23 | If less than one day hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Ferdinand C. Pue
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Ellen Fitzhugh Bowen
15. Birthplace Va.

16 (a) Informant Louise D. Pue
(b) Address 3022 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory St. Mark's Cemetery
Location Highland, Howard County, Md.

18 (a) Funeral director John B. Mitchell & Sons, Inc.
(b) Address 1950 Eutaw Place

19 (Filed) JUN 10 1948 (Signature of registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 19 , at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from many years to June 9 1948, and that I last saw h alive on 4/20 1948.

Immediate cause of death: Old age. General arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Baetzer

Address 1101 St. Paul St. Date signed 6/9/48

Dr. Walter Baetzer

VS-150

G64012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 E. 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amy Kelley

3 (b) If veteran, name war

3 (c) Social Security Account No. 220 20 9246

~~4. Sex~~ Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Herbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-21-99

8. AGE: Years 49 | Months 2 | Days 23/8 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wilbur Kelley

13. Birthplace Pa

MOTHER 14. Maiden Name Ella Woodmore

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6 11 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mount Hamp[illegible]

Location Baltimore

18 (a) Funeral director Frank H Seitz

(b) Address 814 N. 36th St

19 (a) JUN 10 1948 (Date rec'd by registrar) Interment for Williamsport

MEDICAL CERTIFICATION

36

20. DATE OF DEATH June 8, 1948 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-1948 to 6-8-1948 and that I last saw he alive on 6-8-1948

Immediate cause of death Pulmonary embolism | Duration 5d.

Due to auricular fibrillation

Due to arteriosclerotic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Victor A. McKusick M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 6/8/48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1321a

Registered No. G64013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 Deepdene Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Deepdene Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Race

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife Bessie D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2 1871

8. AGE:	Years	Months	Days	If less than one day
	76	9	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired Letter Carrier
11. Industry or business

FATHER
12. Name William Race
13. Birthplace —

MOTHER
14. Maiden Name Emma V Brown
15. Birthplace Md

16 (a) Informant Elva R Swayne
(b) Address 640 Deepdene Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson Md

18 (a) Funeral director Clark & Sapp
(b) Address 8[illegible] St & 34th St, Baltimore, Md

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 8 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to June 9 1948, and that I last saw h[illegible] alive on June 8 1948.

Immediate cause of death	Duration
Chron Myocarditis	1946-
Chron Interstitial Nephritis	1946
Due to	
Due to	
Other Conditions Acute Cardiac Decompensation	1948

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. W. Bishop M. D.
Address 503 Glendale Av Date signed June 10, 1948

VS 150

X

G64014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S. Augusta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Repp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 4, 1870

8. AGE: Years	Months	Days	If less than one day
77	9	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Conrad Repp
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Siefert
15. Birthplace Germany

16 (a) Informant Mrs. Harry J. Schaefer
(b) Address Marriottsville, Md.

17 (a) Burial (b) Date thereof June 11, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Peter Lamonaca
(b) Address 4510 Liberty Heights Ave.

19 (a) JUN 10 1948 (b) Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1937 to 6/9 1948
and that I last saw her alive on 6/8 1948.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Cardio Vascular Disease & Hypertension	16 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W. Schumacher M.D.
Address 3432 Frederick Ave Date signed 6/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4019 Chatham Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4019 Chatham Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-8938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie A. Schmidt
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 31, 1868

8. AGE: Years	Months	Days	If less than one day
80	2	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Real Estate Financing &
11. Industry or business Insurance

FATHER
12. Name J. Pauber Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Lizette Fuchs
15. Birthplace Germany

16 (a) Informant Mr. J. Paul Schmidt
(b) Address 1211 Lakeside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 4510 Liberty Heights Ave.

19 (a) JUN 10 1948 (Date received by registrar) (b) Hunting for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 8 1948 and that I last saw h. im alive on June 6 1948

Immediate cause of death	Duration
Coronary occlusion	2 days
Due to coronary disease	?
Due to advanced arterio sclerosis Hypertension	duration

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nate Schmidt M. D.
Address 2220 Garrison Blvd. Date signed

VS 130

C64016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. C64016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. CURRIER

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Charles S.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) 1872
8. AGE: Years 76 | Months | Days | If less than one day ... hr. ... min.
9. Birthplace Mass.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name (?)
13. Birthplace (?)

MOTHER
14. Maiden Name Abigal Sweetland
15 Birthplace (?)

16 (a) Informant Mrs. Frank Braden
(b) Address 1808 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location

18 (a) Funeral director WIEDEFELD & SON
(b) Address Greenmount Ave & 22nd

19 (a) JUN 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/48 19 , at 11:00A

21. I certify that death occurred on the date above stated; that I attended deceased from October 1947, to June 9 1948, and that I last saw her alive on June 5 1948

Immediate cause of death: Bronchopneumonia — Duration: 1 day.
Due to: Arteriosclerotic heart disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen J Van Lill M. D.
Address 3843 St Paul St Date signed 6-10-48

VS-150

G64017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1133a

Registered No. G64017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: South Balto. Gen. Hosp. 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 S. Margadt (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Louise Weddles Grant

3 (b) If veteran, name war

3 (c) Social Security Account No 213-16-3508

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Russell Grant

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 16, 1912

8. AGE: Years: 36 | Months: 2 | Days: 23 | If less than one day: ..... hr. ..... min.

9. Birthplace Rouzerville Franklin Co. Pa (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Charles T. Weddles
13. Birthplace Adams Co. Pa

MOTHER
14. Maiden Name Effie Woodring
15. Birthplace Franklin Co. Pa.

16 (a) Informant: George Weddles
(b) Address Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (month) (day) (year)
(c) Cemetery or crematory Price Church Cemetery
Location Franklin Co. Penna

18 (a) Funeral director Scott F. Minnich & Son
(b) Address Hagerstown, Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) Washington Hollisaw M.D. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1948, at 7⁰⁰ P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to Acute pyelonephritis

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature [signature] M.D. (Medical Examiner)
Date signed 6-10-48

G64018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma Katherine Kuester

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George J. Kuester

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 19-1879

8. AGE: Years 68 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name George J. Struble
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth WALTERHOEFER
15. Birthplace Balto Md

16 (a) Informant George J. Kuester
(b) Address 2704 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-1948 (month) (day) (year)
(c) Cemetery or crematory Westview Cem
Location Balto Md

18 (a) Funeral director Pott C. & B. M. Walters
(b) Address Pott. & Struble Sts

19 JUN 10 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to June 9 1948, and that I last saw her alive on June 9 1948

Immediate cause of death: Hypertension with Cardiac Insufficiency 2 yrs. — Duration

Due to

Due to

Other Conditions Diabetes Mellitus 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature Earl Fass

Address 4001 Walbrook Ave Date signed 6-9-48 M. D.

VS 150

937

G64019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 B

G64019 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 E. Calvert St, Balto
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 E. 20th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Franz C. Bornstein [Franz G. Bornstein]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Franz C. Bornstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1879

8. AGE:	Years	Months	Days	If less than one day
69	68	3	26	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Teacher of Music
11. Industry or business

FATHER
12. Name Theodore Bornstein
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Rose
15 Birthplace Germany

16 (a) Informant Mr. Franz C. Bornstein
(b) Address 2016 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Orleans St

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h. alive on June 8 1948.

Immediate cause of death Terminal Coma with complete exhaustion of heart. — Duration
Due to Cancer of stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Rohkopf M. D.
Address Union Memorial Hosp. Date signed 6-8-48

VS 139

X

G64020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 185

Registered No. G64020

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto 29
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Chapel Gate Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Aharan O'Byrne, Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4-28-42

8. AGE: Years	Months	Days	If less than one day
6	1	12	____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business School

FATHER
12. Name Thomas W. O'Byrne Sr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret R. Cadden
15. Birthplace Baltimore Md.

16 (a) Informant Mr Thomas W. O'Byrne
(b) Address 816 Chapel Gate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral, Balto
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins St

19 (a) JUN 10 1948 (Date received by registrar) (b) Huntington Willis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1948, to 6-9 1948, and that I last saw h/m alive on 6-9 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Status Epilepticus	
Due to Idiopathic Epilepsy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. W. Baker M. D.
Address Bon Secours Hosp Date signed 6-9-48

Geo. W. Baker X

G64021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G64021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmont
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 101
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 580 W. University Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ellen Humphreys

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Loch W. Humphreys, Sr.
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1880

8. AGE: Years 67 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George B. Ruby
13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Trag
15. Birthplace North Carolina

16 (a) Informant Mrs. Leon Humphreys
(b) Address 580 W. University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-48 1948, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1947 to June 9 1948. That I last saw her alive on June 9 1948.

Immediate cause of death	Duration
Carcinoma of Cervix Uteri, Spread to Pelvic Structures	15 mo.
Due to	
Due to	
Other Conditions Pelvic Abscess	

(Include pregnancy within 3 months of death)

Date of operation Mar. 29; Nov. 11; Nov. 4
Major findings of operation: Carcinoma of Cervix Uteri
of autopsy: Carcinoma of Cervix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 6-7-48

PRESS WHITE LEAD, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G64022
Registered No.

Every item of information should be carefully supplied. The write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Auchentoroly Terr.
(c) Hospital or institution: 13-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Auchentoroly Terr (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** EMORY ELTON ENGLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Cora Belle Engler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1872

8. AGE: Years 75 | Months 11 | Days 10 | If less than one day: hr. min.

9. Birthplace Uniontown, Md. (Town, county, and state)
10. Usual Occupation Retired Hardwear Merchant
11. Industry or business Self

FATHER
12. Name Herod Engler
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Caroline Whiteweather
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. Cora Belle Engler
(b) Address 3314 Auchentoroly Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

YS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948 at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to 8 June 1948, and that I last saw him alive on 7 June 1948.

	Duration
Immediate cause of death: Coronary Thrombosis	2 min
Due to: Coronary Sclerosis	1-year
Due to: Generalized Arteriosclerosis	6 years
Due to: Hypertension	6 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbur L. Leary M. D.
Address 3025 Belair Rd. Date signed 9 June 48

X

C64023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C64023

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 27-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Evergreen Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Buell Vail

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Dawson Vail
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1871

8. AGE: Years: 76 | Months: 7 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Riverhead, Long Island, N.Y. (Town, county, and state)
10. Usual Occupation: Pump & Air Compressor Co.
11. Industry or business: (Self)

FATHER
12. Name: Alonzo F. Vail
13. Birthplace: N.Y.

MOTHER
14. Maiden Name: Emma Buell
15. Birthplace: N.Y.

16 (a) Informant: Mr. Austin F. Vail
(b) Address: 415 Church Rd., Elkin Park 17 Pa.

17 (a) Removal-Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory: Riverhead Cem.
Location: Riverhead, Long Island, N.Y.

18 (a) Funeral director: M. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1948, at 10 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1948 to 6-8 1948 and that I last saw him alive on 6-8 1948.

Immediate cause of death: Resp. Failure
Cerebral Thrombosis
Due to: Gen. Arteriosclerosis
Due to:
Other Conditions: Arterio Sclerotic Heart Dis c Complete Heart Block
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: B. L. Jamison
Address: Univ. Hosp. Balto. Md. Date signed: 6/9/48 83B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 124a

Registered No. G64024

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin D. Zaworski

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary E.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr) Oct. 17 1889

8. AGE: Years 58 | Months 7 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business Salt

FATHER
12. Name George Zaworski
13. Birthplace Prussia

MOTHER
14. Maiden Name Frances Dobrowska
15. Birthplace Prussia

16 (a) Informant Mary E. Zaworski
(b) Address 1808 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Stanislaus
Location Dundalk Blvd.

18 (a) Funeral director Dippel Bros.
(b) Address 1800 E. Lombard St.

19 JUN 10 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 10 1948, and that I last saw him alive on June 9 1948.

Immediate cause of death Pulmonary Edema
Chronic myocarditis
Cirrhosis of liver

Duration 2 yrs. 2 yrs.

Due to Chronic alcoholism.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ? at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Lefevre M. D.
Address 4218 Patterson Park Date signed 6/10/48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C64025 / 147D

C64025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 - N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADDIE FINCH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Separate

6 (b) Name of husband or wife: Separated
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Dec - ? 1915

8. AGE: Years: 33 | Months: 6 | Days | If less than one day: hr. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: —

FATHER
12. Name: Willie Thompson
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Emma Jones
15. Birthplace: N. C.

16 (a) Informant: Annie Tillery
(b) Address: 208 - Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-14-48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary.
Location: W. Halsted

18 (a) Funeral director: W. Halsted
(b) Address: 918 - Druid Hill

19. [illegible] Huntington Williams Sec.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-5-48 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1948 to June 5 1948, and that I last saw h[illegible] alive on June 5 1948

Immediate cause of death	Duration
Massive pulmonary embolus.	
Due to Removal of infant from uterus	
Due to Cesarean Section	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 6-5-48
Major findings of operation: Term pregnancy del. by Cesarean Section
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert E. Lark M.D.
Address: Univ. Hosp. Date signed: 6-5-48

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C64026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C64026 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 - Brenen St,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1106 - Brenen St. (If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Brandon Carpenter.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife allen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. - 1898

8. AGE: Years	Months	Days	If less than one day
49	7		hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Silas Mabe

13. Birthplace Va

14. Maiden Name Amanda ?

15. Birthplace Va

16 (a) Informant Lena Johnson

(b) Address 1102 - Brenen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 918 - Druid Hill

19 (a) [illegible] 1948 Huntington Williams, Registrar
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1948 at 7:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 9 1948 and that I last saw h[illegible] alive on June 9 1948.

Immediate cause of death [illegible] Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. Wells M. D.

Address [illegible] Date signed 6/9/48

VS 150

G64027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-11479 159

Registered No. G64027

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Strieker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby of Thelma Johnson / Baby Boy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-48

8. AGE: Years	Months	Days	If less than one day
7 hrs			7 hr. 10 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathaniel Jackson
13. Birthplace Richmond, Va

MOTHER
14. Maiden Name Thelma Johnson
15. Birthplace Baltimore Md

16 (a) Informant Thelma Johnson
(b) Address 414N Strieker St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 10 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 10 1948 (Date rec'd by registrar) Certificate for Withheld Mar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1948 at 11 43 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1948, to May 19 1948, and that I last saw h.i.m alive on May 19 1948.

Immediate cause of death — Duration

Congenital Atelectasis

Due to

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert L. Murray M. D.
Address Provident Hosp. Date signed 6/9/48

VS 150

G64023

BALTIMORE CITY HEALTH DEPARTMENT

B1-48-11286 CERTIFICATE OF DEATH 107

G64028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Gaither

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/48

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Willie Henry Gaither
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Cowan
15. Birthplace Rowan Co. N.C.

16 (a) Informant Helen Gaither
(b) Address 1227 Madison Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 10 1948
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUN 10 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 1 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to May 12 1948, and that last saw h[illegible] alive on May 12 1948.

Immediate cause of death Asphyxia — Duration

Due to Aspiration Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1201 Madison Ave Date signed 6/8/48

VS 150

G64029 462679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64029

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322½ E. Calvert Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Wallenstein
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-10-66
8. AGE: Years 81 Months 11 Days 0 If less than one day hr. min.
9. Birthplace Md - Balto (Town, county, and state)
10. Usual Occupation — Retired
11. Industry or business Butcher

MOTHER - FATHER
12. Name Adrian Wallenstein
13. Birthplace Germany
14. Maiden Name Olga Rothschild
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
19 (a) JUN 14 1948 (Date received by registrar) (b) Signature and title of registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948 to June 10 1948 and that I last saw him alive on June 10 1948

Immediate cause of death Uremia — Duration Several months

Due to Arteriosclerotic nephritis

Due to

Other Conditions G-I Bleeding and Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Hole M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 10 June 48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64030

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2462 Greenmount
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2462 Greenmount (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife SARAH E. KNIGHT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 16, 1860

8. AGE: Years 87 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace HEREFORD, MARYLAND (Town, county, and state)

10. Usual Occupation TOOL MAKER

11. Industry or business

FATHER
12. Name JOHN W KNIGHT
13. Birthplace HEREFORD MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant CHARLES E. KNIGHT
(b) Address 2462 GREENMOUNT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory FOSTERS BURYING GROUND
Location HEREFORD MARYLAND

18 (a) Funeral director Will Cook Inc
(b) Address 1217 St Paul St.

(a) JUN 1 1948 (Date received by registrar) (b) Huntington Williams, MD

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/48 19 1025 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John L Davis M.D. Medical Examiner.
Date signed 6/10/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64031

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St.

(c) Hospital or institution: St Joseph's

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 MO.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 133 N. Belnord Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Mary Rumpf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F 46	W	M

6 (b) Name of husband or wife Joseph Rumpf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/21/1902

8. AGE: Years	Months	Days	If less than one day
46	4	20	hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Housef.

11. Industry or business

FATHER

12. Name ?

13. Birthplace Germany

MOTHER

14. Maiden Name ?

15 Birthplace Germany

16 (a) Informant Joseph Rumpf

(b) Address 133 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director John C Moran

(b) Address 3100 Coldspring St

19 JUN 11 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1948, at 5 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1948 to 6/10 1948, and that I last saw her alive on 6/10 1948

Immediate cause of death	Duration
Congestive heart failure	
Due to Hypertensive C.V.D	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Robert E May

Address 1400 N. Caroline St Date signed 6/10/48

VS 150

937

G64032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G64032 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write in capacity supplied. The accuracy is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Gator Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Gator Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stella A Kennedy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 11 1877

8. AGE: Years 71 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Kennedy
13. Birthplace Scotland

MOTHER 14. Maiden Name Mary Birt
15. Birthplace Ireland

16 (a) Informant Stella A Kennedy
(b) Address 709 Gators Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John G Moran
(b) Address 3000 Eastern Ave

JUN 11 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-1948, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1940 to 6/8 1948 and that I last saw h[im] alive on 6/8 1948.

Immediate cause of death	Duration
Acute Coronary Intoxication	
Due to Coronary Sclerosis	
Due to Ch Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Homsten M. D.
Address 204 E Biddle Date signed 6/10/48

VS 150

G64033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122a

G64033 Registered No.

Please write the causes of death clearly and legibly. The information should be carefully supplied. The age is especially important. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution:
University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Pack

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mae Pack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 - 1900

8. AGE: Years	Months	Days	If less than one day
48	1	6	hr. min.

9. Birthplace Alston, W. Va (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Susie Friedman
15 Birthplace W. Va

16 (a) Informant Mae Pack
(b) Address 1145 argyle ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director James Astarjian
(b) Address 142 W. Fiel St

19 JUN 11 1948 (Date rec'd by Registrar) Courtesy for Williams Mfr

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948, to June 10 1948, and that I last saw h.i.m. alive on June 9 1948.

Immediate cause of death	Duration
Cardiac Failure, acute	
Due to Myocardial infarction, massive	
Due to Atherosclerotic C-V disease	
Other Conditions Pulmonary infarct.	

(Include pregnancy within 3 months of death)
Date of operation May 25, 1948
Major findings of operation: Ing. hernia left, indirect, reducible
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

FRED. R. McCRUMB, JR.
23. Signature Fred R. McCrumb Jr. M. D.
Address University Hosp. Date signed 6/10/48

VS 150

664034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

Registered No. 664034

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Grune Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 D
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Gymwood Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. Owings Mills
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRED BAUBLITZ

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-18-4693

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If married, widowed, or divorced, how long since

7. Birth date of deceased (mo., day, yr) 2[illegible] 1924

8. AGE: Years 23 | Months 3 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Glyndon, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Dont Know

13. Birthplace "

MOTHER — 14. Maiden Name "

15 Birthplace "

16 (a) Informant Mrs. Alice Engor

(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 '48 (Month) (day) (year)

(c) Cemetery or crematory All Saints

Location Reisterstown, Md

18 (a) Funeral director Wm. B Perryman & Sons

(b) Address Reisterstown, Md.

JUN 11 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9 1948, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1948 to 6/9 1948 and that I last saw h... alive on 6/9/48 1948

Immediate cause of death Uremia — Duration

Due to Arteriosclerosis

Due to

Other Conditions Fracture left mid femur

Lobar Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-8-48 at ? M
(c) Where did injury occur? Gymwood Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell out of bed

23. Signature Dr. J. M. Owings by Howard J. MacLeod, M.D. X

Address University Hospital Date signed 6/11/48 M. D.

Physicians: please write the causes of death clearly and legibly. Be specific; important.

664035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42

Registered No. 664035

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Greenspring Ave
(c) Hospital or institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Greenspring Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHANNA SAMUELSON

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Isadore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Hush
13. Birthplace Russia

MOTHER
14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Mrs. Samuelson
(b) Address 2437 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (month) (day) (year)
(c) Cemetery or crematory Rebrew Mt Carmel
Location

18 (a) Funeral director Jack Levi Inc
(b) Address 2100 Eutaw Place

19 JUN 11 1948 (Date rec'd by registrar) (Signature) for Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1948 at 4 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1948 to 6-9 1948 and that I last saw h. alive on 6-9 1948

Immediate cause of death: Bronchopneumonia bilateral
Due to: Amyotrophic lateral sclerosis
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry Nagel M. D.
Address Levindale Home Date signed 6-9-48

VS 150

G64036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64036 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Towanda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. 555-32-6823

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1948, at 12:05 M

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Russia

MOTHER 14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Charles Miller
(b) Address 3017 Hanlon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (month) (day) (year)

(c) Cemetery or crematory Herring Run
Location Park Rd & Bowley Lane

18 (a) Funeral director Jack Louis Inc
(b) Address 2100 Eutaw Place

19 (a) JUN 17 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Registrar)

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. J. Helbrecht M.D.
Medical Examiner.
Date signed June 16, 1948

VS 151

Please write the causes of death clearly and legibly. Physicians: please write as specifically important. The

G64037 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64037 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Byrd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Byrd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy L. Lanehart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Andrew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/15/1862

8. AGE: Years 86 | Months I | Days 23 | If less than one day hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Family
(b) Address Same

17 (a) B (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director James L. McCauley
(b) Address 130 East Fort Avenue

19 6 12 1948 (Date rec'd by Registrar) (b) Thurlington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1948, to 6/8/ 1948, and that I last saw her alive on 6/8/ 1948.

Immediate cause of death General and cerebral arteriosclerosis, chronic myocarditis (or Senility) — Duration 2

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Percival Wilson M.D.
Address 126 Hanover St. Date signed 6/12/48

C64038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 134a

C64038
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address Morgan State College (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Holmes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Female | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dwight

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-73

8. AGE: Years 74 | Months 5 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Messer
13. Birthplace Ohio

MOTHER
14. Maiden Name Elizabeth Dickey
15. Birthplace Va.

16 (a) Informant Dr. Dwight O. H. Holmes
(b) Address Johns Hopkins Hospital Morgan State College

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof June 12, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-1948 4:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6-8-48 to 6-9-48
and that I last saw deceased alive on 6-9-48

Immediate cause of death	Duration
Acute Myocardial Infarction	
Due to arteriosclerosis of the coronary arteries	
Due to	
Other Conditions Renal calculi, R	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances D. Stephens M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

94a

Please write age in years if less than one year. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

G64039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. G64039

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (if [redacted] days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 3134 Rawle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde Michael Packard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 903

8. AGE: Years 44 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Menard Packard
13. Birthplace Pa

MOTHER
14. Maiden Name Jessie Case
15. Birthplace Pa.

16 (a) Informant Records - Union Memorial
(b) Address Hospital

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave Balto Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1219 W Fayette

19 (a) JUN 11 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Pulmonary Embolism
Due to Thrombophlebitis R. leg.
Other Conditions Dilatation Cardia.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 4-23-48 at ? 1/1 M.
(b) Where did injury occur? Canton, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? yes
(d) Means of injury Hit on head by piece of timber

23. Signature Edward Krug M.D. Medical Examiner
Date signed 11 June 48

Please fill out all information. Should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

464040 GM. 119822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 464040

Type or print in ink. Every item of information should be carefully supplied. Use BLACK INK. WRITE PLAINLY, WITH UNFADING INK. Every item correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Lexington ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tillie Drabic

3 (b) If veteran, name war	3 (c) Social Security Account No.
~~	~~~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 15 1878

8. AGE: Years	Months	Days	If less than one day
69	7	27	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Relay Baltimore Md.

18 (a) Funeral director H. A. Hartleb & Sons
(b) Address Edna Bridge & Hanover Sts

19 (a) Date received 6-14-48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 11 - 1948, at 5.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1948, to 6- 11-1948 and that I last saw her alive on 6- 11 - 1948

Immediate cause of death Arteriosclerotic Gangrene of Lt. Leg

Duration
2 weeks
over

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation June 3, 1948

Major findings of operation: Abscess

of autopsy: Abscess; thrombosis abdominal aorta, femoral arteries

PHYSICIAN
Underline the cause to which death should be charged statistically

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy, M.D.
M. D.
Address Baltimore City Hospitals Date signed 6-11-48

VS 150

98

G64041

BARNABEI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64041 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St.
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 259 East Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Abramo Abramo Barnabei

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2757

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Concetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 1889

8. AGE: Years 58 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailor Shop

FATHER
12. Name Nazzareno Barnabei
13. Birthplace Italy

MOTHER
14. Maiden Name Giacomina
15. Birthplace Italy

16 (a) Informant Concetta Barnabei (Wife)
(b) Address 259 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Case
(b) Address 522 S. High St.

19 (a) JUN 11 1948 (Date received by registrar) Huntington Williams, M.D. Address

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1948 to 6/8 1948, and that I last saw him alive on 6/8 1948.

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Bobby L. Jones M. D.
Address Franklin Square Hospital signed 6/8/48

G64042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64042

Please write the causes of death clearly and legibly. Physicians: please write age if infant under one year. Information should be carefully supplied. The age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 504 E. Eager St.

(c) Hospital or institution: 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 504 E. Eager St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME ROCCO PULIFRONE

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-18-3139

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Giovannina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20 1874

8. AGE: Years 73 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Reggio Calabria Italy (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Green Spring Dairy

FATHER

12. Name Agostino Pulifrone

13. Birthplace Italy

MOTHER

14. Maiden Name Filomena

15. Birthplace Italy

16 (a) Informant Giovannina Pulifrone (Wife)

(b) Address 504 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. Balt. Md.

18 (a) Funeral director Frank Della Vecchia

(b) Address 322 S. High St.

19 JUN 11 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948, to June 9 1948, and that I last saw him alive on June 8 1948.

Immediate cause of death	Duration
acute Cardiac dilatation	20 Min.
Due to Chr. Hypertension with degenerative changes	6 Months
Due to Prostatitis with hypertrophy	4 Years?
Other Conditions Prostate	

(Include pregnancy within 3 months of death)

Date of operation: Days before death

Major findings of operation:

of autopsy: Benign hypertrophy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William A. Brandt

Address 10 E. Biddle St. Date signed 6/11/48

VS 150

G64043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(b) Street No. 1722 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse C. Waugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife: Mamie Waugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5- 1873

8. AGE: Years 74 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Boston Mass. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name William T.
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Sarah Schrond
15. Birthplace Balto Md.

16 (a) Informant Mabel Waugh
(b) Address 1222 Broadway

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount + Oliver

18 (a) Funeral director Blayney F. Hoffman
(b) Address 1639 Broadway

19 (a) [illegible] 1948 Washington Williams Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 7:45 A.M.

21. I certify that I took charge of the remains described above, held an Inquest inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D. Medical Examiner.
Date signed June 9, 1948

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. G64044

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 Bayonne Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William George SHAMBERGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife MARION L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24 - 1897

8. AGE: Years	Months	Days	If less than one day
50	6	18	17 hr. min.

9. Birthplace BALTo. - Md
(Town, county, and state)

10. Usual Occupation Supt. Construction Co.

11. Industry or business

FATHER
12. Name Joseph Schamberger
13. Birthplace Barvaria

MOTHER
14. Maiden Name Elizabeth Kram
15. Birthplace Md.

16 (a) Informant Mrs. M. L. Schamberger
(b) Address 2719 Bayonne Ave.

17 (a) Burial (b) Date thereof 6-14-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Md

18 (a) Funeral director Leonard J. Lucks
(b) Address 5305 Stanford Rd.

19 [illegible] 11 1948 (b) Transcribed by Williams, Md.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948 at 1 30 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull
Intracranial hemorrhage
Due to Contusion of brain

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-10-48 at appx. 3 30 P. 3/2 M.
(b) Where did injury occur? 1300 Bank Street
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
Means of injury Struck by beam appx 15' fell
23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 6/11/48

VS 151

Physicians: please write the causes of death clearly and legibly. The [illegible] is especially important. [illegible]

G64045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64045

GM. 107269

Please write the causes of death clearly and legibly. The items above must be carefully supplied. Physicians: please write as is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Or 11 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? Near Broadway & Market ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) ? ? ?

8. AGE: Years 70 ? Months Days If less than one day hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jeff (D)
13. Birthplace MD.

MOTHER
14. Maiden Name Margaret
15. Birthplace ?

16 (a) Informant Records Blte. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 11 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 12 1948 (b) Huntington Williams, MD
(Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 28 - 1948 at 10.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 3 - 1947 to 5 - 28 - 1948, and that I last saw h in alive on 5 - 28 - 1948.

Immediate cause of death Cerebral Arterio sclerosis — Duration P
Due to Generalized Arteriosclerosis — ?
Due to
Other Conditions Arteriosclerotic Heart Disease, Hemiplegia Left — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 5-30-48

97

VS 150

G64046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G64046

Please write the causes of death clearly and legibly. Physicians: please write plainly. Do not abbreviate. Use no ditto marks.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene
(c) Hospital or institution:
Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 N Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Hintz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years unknown | Months | Days | If less than one day hr. min. 78 yrs?

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ? Unknown

13. Birthplace

MOTHER 14. Maiden Name ? Unknown

15 Birthplace

16 (a) Informant Patient brought in by ambulance

(b) Address unknown

17 (a) unclaimed (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUN 11 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 12 1948 (Date rec'd by registrar) Huntington Nitkin M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1948, at 7:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1948 to 6/6 1948 and that I last saw him alive on 6/6 1948.

Immediate cause of death	Duration
(a) Subarachnoid hemorrhage.	
Due to	
Due to	
Other Conditions Alcoholism.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H N Taylor M. D.

Address 6/6/48 Date signed

Redwood + Greene

VS 150

G64047

J1- 119682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH · 1098

Registered No. G64047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home Address
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John L. Wagener

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1882

8. AGE: Years 65 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Wagener
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Dragmeeller
15. Birthplace Germany

16 (a) Informant D. C. E. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo JUN 11 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 12 1948 (Date rec'd by registrar) Washington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1948, at 1 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1948, to June 5 1948, and that I last saw him alive on June 5 1948

Immediate cause of death: Pulmonary tuberculosis last [illegible] — Duration

Due to: Pneumonitis, bilateral — over

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter H. Kuhn, Jr. M.D.

Address Balto City Hosp Date signed June 48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

664048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81a

Registered No. 664048

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution St. Joseph Hospital Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 E. Monument St. (If rural give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Frances Marie Folker (Fuka)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fe.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 9, 1896

8. AGE: Years 51 | Months 9 | Days – | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Chocolate Dipper
11. Industry or business Log Cabin Candy

FATHER
12. Name Joseph Fuka
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Theresa Kroupa
15. Birthplace Baltimore, Md.

16 (a) Informant Sophia Folker (Fuka) sister
(b) Address 3329 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 JUN 12 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948, at 7.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948, to June 9 1948, and that I last saw her alive on June 9 1948.

Immediate cause of death: Cardio-Respiratory failure — Duration
Due to: Meningitis, pneumococcic
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry P. Portie
Address St. Jos. Hosp. Date signed 6/9/48

VS 150

G64049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

100 B

G64049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County —
(c) City or town Lexington (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Johnston Blvd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Samuel M. Worthington Jr. (Mary) (MARY A. WORTHINGTON)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel M. Worthington Jr.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1886

8. AGE: Years 61 | Months 9 | Days 20 | If less than one day: hr. min.

9. Birthplace Kentucky (Germantown) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Anderson A. Williams
13. Birthplace Kentucky (Germantown)

MOTHER
14. Maiden Name Lucy Boyd
15. Birthplace Kentucky

16. (a) Informant Mrs. Samuel M. Worthington Jr.
(b) Address 114 Johnston Blvd. Lexington, Kentucky

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)
(c) Cemetery or crematory
Location Lexington, Ky.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 [illegible] 1948 (b) Huntington Williams, M.D. Registrar
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 9'5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 11, 1948 to June 11, 1948, and that I last saw h.er alive on June 11 1948.

	Duration
Immediate cause of death: Pulmonary Embolus	15 min.
Due to: Thrombophlebitis	35 days
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. W. Alford M. D.
Address Union Memorial Hosp. Date signed

VS 150

G64050

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 56E

Registered No. G64050

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Box. 127 Newton D. Baker Veterans Centre (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Guy A Hunt

3 (b) If veteran, name war #1

3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Kathryn M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1891

8. AGE: Years 56 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Medical Doctor

11. Industry or business

MOTHER, FATHER

12. Name Unknown

13. Birthplace

14. Maiden Name Sarah E. Anderson

15 Birthplace Missouri

16 (a) Informant Mrs. Kathryn M. Hunt

(b) Address Box 127 Newton D. Baker Vet. Adm.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/11/48 (month) (day) (year)

(c) Cemetery or crematory

Location Butler, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Aves

19 JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 2:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 June 1948 to 11 June 1948 and that I last saw him alive on 11 June 1948.

Immediate cause of death uremia — Duration

Due to peritonitis

Due to ruptured bowel

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3 June 48

Major findings of operation: polyp of sigmoid

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R.C. Durell Jr. M. D.

Address University Hosp. Date signed June 11

VS 150

G64051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G64051

Please write the causes of death clearly and legibly. Physicians: please write legibly. Be specific, omit terms of indefinite or uncertain meaning, and be sure that the cause stated is the underlying cause. Use only standard abbreviations. Do not use ditto marks. If there is no entry for a given item, write none, or unknown, as the case may be. Do not write in the space marked "For Registrar Only."

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 E. North Ave
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice V. Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Andrew Armstrong

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1857

8. AGE: Years 91 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Joshua Chamberlain

13. Birthplace England

14. Maiden Name Rebecca Christopher

15. Birthplace Md.

16 (a) Informant John H. Armstrong

(b) Address 2850 Lake Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/14/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Carmel

Location Balto. Md.

18 (a) Funeral director Wm Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1948, at 7:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1948 to 6/11 1948, and that I last saw h~~e~~ alive on 6/10 1948.

Immediate cause of death Cardiac Insufficiency — Duration ?

Due to Arteriosclerosis.

Due to

Other Conditions Senility.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Jan

Address 1761 E. North Ave Date signed 6/11/48

VS 150

X 6

G64052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 Hanover Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Webster I BAILEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed, or~~ divorced: Divorced

6 (b) Name of ~~husband or~~ wife: Mary Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 15th 1891

8. AGE: Years 56 Months 8 Days 25 If less than one day hr. min.

9. Birthplace: Charles Co. Md. (Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business: Laborer

FATHER
12. Name: James Bailey
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden Name: Eva Jackson
15. Birthplace: Charles Co. Md.

16 (a) Informant: George M. Bailey
(b) Address: 1233 Cliftview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul st.

19 JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, at 10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq. thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic cardiovascular disease.

~~Due to~~: History of chronic alcoholism

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature: George G. Merrill M.D. Medical Examiner.
Date signed 6/11/48

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The

64053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

64053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Hanover Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Raymond Holland

3 (b) If veteran, name war

(c) Social Security Account No. 278-03-5606

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 14 (day) 48 (year)

(c) Cemetery or crematory

Location Tollsboro Ky.

18 (a) Funeral director E. Haworth Armacost

(b) Address 3911 Liberty Heights Ave

19 (a) JUN 12 1948 (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, at 3 08 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to Intracranial hemorrhage

Due to Contusion of brain

Other Conditions Fatty degeneration of liver. Chronic adhesive pericarditis.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-6-48 at ? P. 23/6 M.

(b) Where did injury occur? 900 blk S Hanover Street

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Fell to sidewalk

23. Signature George G. Merrill M.D. Medical Examiner.

Date signed 6/9/48

914 S. Hanover St.

Please write the causes of death clearly and legibly. Please write age if especially important. Physicians: please write information asked for carefully and completely.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G64054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 E. Madison
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 E. Madison (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Alston

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife James
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 10. 1888

8. AGE: Years 60 | Months 9 | Days 8 29 | If less than one day ... hr. ... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name James Alston
13. Birthplace North Carolina
14. Maiden Name Josephine Mills
15. Birthplace North Carolina

16 (a) Informant Mrs. Alston
(b) Address 1632 E. Madison

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 12 48 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Robert F. Cromwell
(b) Address 1216 N. Caroline St.

19 JUN 12 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1948 to 6/8 1948 and that I last saw h.e.v. alive on 6/7 1948

Immediate cause of death: hypertensive cardio-renal disease (uremia) — Duration: 3 cv. yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature RAYNER BROWNE, M.D.
Address 1500 EAST MADISON ST, BALTIMORE 5, MD.
Date signed 6-11-48

VS 150

664055 JL – 120068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1488

Registered No. 664055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winfred Freeman

35198

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1926

8. AGE: Years 21 | Months 5 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lester Freeman
13. Birthplace Md.

MOTHER
14. Maiden Name Mattie McQuay
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Pk.
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 576 W. Biddle St.

19 (a) JUN 12 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948 at 10.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948, to June 11 1948, and that I last saw her alive on June 11 1948

Immediate cause of death: Cardiac Failure; Uremia
Acute glomerular nephritis

Due to

Due to: Pregnancy 24-26 wk - delivered

Other Conditions: Eclampsia without Convulsions ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Enlarged Pale Kidneys

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Cohen M. D.
Address Baltimore City Hosp. Date signed June 11 1948

VS 150

X

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G64056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G64056

GM. 120167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Stockton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25-1885

8. AGE: Years 63 | Months - | Days 15 | If less than one day ... hr. ... min.

9. Birthplace VA. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Green
13. Birthplace VA.

MOTHER
14. Maiden Name Martha ?
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6-14-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Baltimore Co. Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUN 12 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 9 - 1948, at 11.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3-1948 to 6-9-1948, and that I last saw him alive on 6-9-1948

Immediate cause of death: Prostate Carcinoma 2 Phosphate — Duration

Due to

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Fearhoreyh M. D.
Address Balt City Hosp Date signed 6-11-48

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G64057

Please write the causes of death clearly and legibly. Physicians: please write age in years if under 1 year or 100 years. Information should be carefully supplied. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fayette
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? ha (Yes or No)
If yes, name country —

3 (a) FULL NAME Emma Baker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Elmer Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1865

8. AGE: Years 83 | Months 8 7 | Days 10 9 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Thomas Wilhelm
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Rev. Elmer Baker Jr.
(b) Address 2900 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/48 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Roland Ave, Balto

18 (a) Funeral director Uhl Funeral Home
(b) Address 208 Orleans St

19 (Date received by registrar JUN 12 1948) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 10 1948, and that I last saw him alive on June 9 1948.

	Duration
Immediate cause of death Cardiac failure	
Due to generalized enteritis	
Due to	
Other Conditions Fracture of hip	96 hrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

Of autopsy: Fatal: arteriosclerosis, enteritis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (?)
(a) Accident, suicide, or homicide Following accident
(b) Date of occurrence 6-6-48 at M
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Fell down stairs

23. Signature T. L. Morrow M. D.
Address Church Home & Hosp. Date signed 6/10/48

(To be approved) Howard J. Malone, M.D.

G64058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50 ✓

Registered No. G64058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2127 Lyndhurst St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 Lyndhurst St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Belle Kernan

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Stanley J. Kernan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1872

8. AGE: Years 76 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Humes
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. W. Stuart Kernan
(b) Address 2127 Lyndhurst St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION 2.30

20. DATE OF DEATH June 11, 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948 to 6/11 1948 and that I last saw h alive on 6/10 1948.

Immediate cause of death: Carcinoma of Left Breast (b) Duration: 6 mo
Due to: Metastasis to Lung. (c)
Due to: (d)
Other Conditions: Arthritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 2020 N. Charles Date signed 6/12/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G64059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G64059

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 E. 29th St.
(c) Hospital or institution:

9-16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 E.29th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** CAMILLE A. REYNOLDS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Charles Elmer Reynolds

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22, 1897

8. AGE: Years: 51 | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Wilmington, Del
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William Dailey, Algie
13. Birthplace: Workington, Eng.

MOTHER
14. Maiden Name: Mary A. Musgrave
15. Birthplace: Birkenhead, England

16 (a) Informant: Mrs. Alice Haase
(b) Address: 1822 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory: Moreland Mem. Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to June 9 1948 and that I last saw her alive on June 9 1948.

Immediate cause of death: Carcinoma of left breast with Metastasis

Duration: 9 Months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: April 1947

Major findings of operation: Lt breast

of autopsy: Amputated -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thomas L. Wardley Jr.

Address 3900 Alameda Blvd Date signed 6/11/48

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

664060

BALTIMORE CITY HEALTH DEPARTMENT

NOS CERTIFICATE OF DEATH 97

664060 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3739 Gough
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3739 Gough St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Nos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Henry C. Nos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1850

8. AGE: Years	Months	Days	If less than one day
97	10	16	17 hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Lab Home
11. Industry or business

FATHER	12. Name —
	13. Birthplace Germany
MOTHER	14. Maiden Name Groman
	15. Birthplace Germany

16 (a) Informant Mrs Lena Nall
(b) Address 3739 Gough

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/48 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Balto Co

18 (a) Funeral director Wilmot Funeral Home
(b) Address 209 S Arlington Ave

19 (a) JUN 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1947 to June 11 1948, and that I last saw h[illegible] alive on June 11 1948.

Immediate cause of death	Duration
(a) Acute Dilation of Heart	
Due to (b) General Sclerosis - Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. J. Moon M. D.
Address 716 Eutaw St. Date signed 6-12-48

VS 150

G64061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth B. Baetzner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife John Adam Baetzner 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov 26 1873

8. AGE: Years 76 | Months 6 | Days 15 | If less than one day 14 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Donnelley
13. Birthplace London

MOTHER 14. Maiden Name Elizabeth Welsh
15. Birthplace Ireland

16 (a) Informant John C. Baetzner
(b) Address 2713 Whitney Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Sons
(b) Address Mt Calvert & Richard Sts

19 (a) Registered [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948, to June 10 1948, and that I last saw her alive on June 8 1948

Immediate cause of death	Duration
Myocardial Insufficiency	2 days
Due to Coronary Sclerosis	
Due to Coronary Sclerosis	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F. Mark M. D.
Address 502 E. 22nd St. Date signed 6/11/48

VS 150 Un-9768

664062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No. 664062

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1159 Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1159 Stricker St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-8122

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 15, 1897

8. AGE: Years 50 | Months 6 | Days 26 | If less than one day: 25 hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bessie Jackson
(b) Address 1159 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George G. Kelson
(b) Address 1303 Pressman St

19 JUN 12 1948 (Date filed by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1948 to June 10 1948 and that I last saw him alive on June 10 1948

Immediate cause of death Cardio Vascular Disease — Duration 1 yr.

Due to Cerebral Hemorrhage — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Frey M. D.
Address 1928 Penna Ave Date signed 6/12/48

64063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. 64063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2072 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL (BOOKER) HALL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	M

6 (b) Name of husband or wife Francis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/1923

8. AGE: Years	Months	Days	If less than one day
25	2	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Eugene Hall, Jr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Prater
15. Birthplace Balto. Md.

16 (a) Informant Eugene Hall, Jr.
(b) Address 1047 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Arlington Md.

18 (a) Funeral director Wm. D. Kelson
(b) Address 1303 Greenmount Ave.

19 (a) JUN 12 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 5 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet-wound of chin and neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-10-48 at 2:20 A M
(b) Where did injury occur? Lanvale & Pulaski St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Firearms

23. Signature George G. Merrill M.D. (Medical Examiner.)
Date signed 6/10/48

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The certificate must be completed as carefully supplied.

G64064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G64064

The correct age is especially important. Physicians: please write the name or information should be carefully supplied. The causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 Ashland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence H. Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.
2	220-14-4912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Virginia Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1925

8. AGE: Years	Months	Days	If less than one day
22	9	18 19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Wagner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara --
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Virginia Wagner
(b) Address 2528 Ashland Ave.

17 (a) Burial (b) Date thereof June 14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ~~Moreland Mem. Park~~ U.S. National
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) [illegible] 12 1948 Huntington Williams, M.D.
(Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20- 1948 to 6-10- 1948, and that I last saw h[illegible] alive on 6-10- 1948,

Immediate cause of death	Duration
Lymphosarcoma,	
generalized.	1 Yr 2 Mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. B. Jones, M.D.
M. D.
Address 648 N. Eutaw St. Date signed 6-11-48

V S 150

G64065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 W. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 W. University Pkwy. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE L. NYBURG.

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Mch. 17th, 1878.

8. AGE: Years 70 | Months 2 | Days 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Simon S. Nyburg,
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Rebecca Lauer,
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Sidney S. Nyburg,
(b) Address: 1st. National Bank Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48. (month) (day) (year)
(c) Cemetery or crematory: Oheb Shalom
Location: Baltimore, Md.

18 (a) Funeral director: [illegible]
(b) Address: 1902 Eutaw Place.

19 (a) JUN 12 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th. 1948 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1941 to June 9 1948 and that I last saw her alive on June 9 1948.

	Duration
Immediate cause of death: Heart failure	7
Due to: Myocardial disease	7
Due to: Arteriosclerosis	2
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Charlotte McCarthy M.D. M. D.
Address: Medical Arts Bldg. Date signed

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G64066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Brookfield Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Waldorf.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8 1885

8. AGE: Years	Months	Days	If less than one day
62	9	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Moses Waldorf,
13. Birthplace Germany.

MOTHER
14. Maiden Name Theresa Guld,
15. Birthplace Germany

16 (a) Informant Miss. Bettie Waldorf
(b) Address 2506 Brookfield Ave

17 (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto Md.

18 (a) Funeral Direct Sondheim & Son
(b) Address 1702 Eutaw Place

19 (a) JUN 12 1948 (b) Huntington W. Willard, Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 6:30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-1948 to 6-11-1948 and that I last saw h[illegible] alive on 6-11-1948.

Immediate cause of death	Duration
Aspiration of Vomitus.	
Due to Cerebral Hemorrhage Ruptured Fusiform Aneurism	
Due to Brain Tumor.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6-10-48.
Major findings of operation: Blood in ~~left~~ Temporal Lobe.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. L. Sydenstricker M. D.
Address Sinai Hospital Date signed 6/11/48

G64067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61C

Registered No. G64067

Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write carefully. The information should be

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15th Division
(c) Hospital or institution: Provident H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 W. Saratoga
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Saunders Damon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: N

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1948

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Otis Haynor

13. Birthplace S. C.

MOTHER 14. Maiden Name Ruby M. Johnson

15. Birthplace S. C.

16 (a) Informant Otis Haynor

(b) Address 615 - Saratoga St.

17 (a) Burial (b) Date thereof 6-12-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location Mt. Calvary

18 (a) Funeral director A. Scalafani

(b) Address 918 - Druid Hill

19 (a) JUN 12 1948 Huntington Williams Reg. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1948, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1948, to 6/11 1948, and that I last saw h[illegible] alive on 6/11 1948

Immediate cause of death: Secondary Anemia
Duration:
Due to: Umbilical Hemorrhage 6-8 hrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Preston Stronk M.D.
Address 15th Division Date signed 6/12/48

VS 150

G64068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64068 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Carroll
(a) State Md. (b) County Baltimore
(c) City or town Middleburgh
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 272 Rt. 16
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester H. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. 58

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Virginia Rohrbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June-14-1913

8. AGE: Years	Months	Days	If less than one day
34	11	3	27 hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Davidson Trucks Co.

FATHER
12. Name Roy E. Martin
13. Birthplace Penna

MOTHER
14. Maiden Name Bartholomew
15. Birthplace Penna

16 (a) Informant Mrs. Virginia Martin
(b) Address Middleburgh, Md.

17 (a) Removal (b) Date thereof 6-12-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Allentown
Location Penna.

18 (a) Funeral director John B. Connelly
(b) Address 648 Eastern Ave.

19 JUN 12 1948 Timothy Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
2nd + 3rd ° Burns 95% Body

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/10/48 at ? M.
(b) Where did injury occur? Route #40, 12 miles
(c) Did injury occur at home, on farm, industrial place, in public place? Public. While at work? Yes
(d) Means of injury. Gasoline flame ignited

23. Signature Earl L. Riley, M.D.
Medical Examiner
Date signed 6/12/48

VS 131

X.

G64069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G64069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryse
(c) Hospital or institution: Ha
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Lavimount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Hundley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name George Hundley
13. Birthplace Va

MOTHER 14. Maiden Name Roberta Calvay
15. Birthplace Va

16 (a) Informant Nora Laythorne
(b) Address Lynchburg Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Lynchburg Va
Location Va

18 (a) Funeral director George E. Kelson
(b) Address 1303 Pennsylvania Ave

JUN 18 1948 (Date rec'd by registrar) Washington, D.C. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl Thayer M.D. (Medical Examiner)
Date signed

X

G64070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G64070
Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St
(c) Hospital or institution:
Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs 1mo 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Miss. Irene Tabb.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1877

8. AGE: Years 71 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Martinsburg - W. Va.
(Town, county, and state)

10. Usual Occupation R. N.

11. Industry or business

FATHER
12. Name Horace Tabb
13. Birthplace Martinsburg W. Va.

MOTHER
14. Maiden Name Mary Withrow
15. Birthplace Martinsburg. W. Va

16 (a) Informant Mrs. Anna V. Tabb
(b) Address 700 West 40th St.

17 (a) Cremation (b) Date thereof June 14/48
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Ave

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 101 E. Eutaw St.

19 (a) 6-13 1948 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26th 1947 to June 12th 1948, and that I last saw her alive on June 11th 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to Hypertensive Cardio Vascular Disease	3 years +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Connat Wolff M. D.
Address 11 E. Chase St. Date signed 6/12/48
Baltimore Md

VS 150

G64071 JL - 119656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G64071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town 1900 Linden Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Chowning (Mary V. Chowning)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1880

8. AGE: Years 68 | Months 1 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Smith
13. Birthplace ?

MOTHER
14. Maiden Name Mary Blizzard
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Gwynns Oaks Ave

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1700 Eutaw Place

19 (a) (Date received by registrar) (Signature of registrar) Thos Addington for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 2AM M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948 to June 12 1948
and that I last saw her alive on June 12 1948

Immediate cause of death Bronchopneumonia, Bilat. — Duration ?

Due to Diabetes mellitus — 2½ yrs.

Due to Arteriosclerotic C.V.D. — ?

Other Conditions Fracture Right Femur, Intertrochanteric (Include pregnancy within 3 months of death) — 6 wks.

Date of operation 5-20-48

Major findings of operation: Fracture, Intertrochanteric R. Femur

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 141
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 11 48 at morning
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Getting out of Bed & fell

23. Signature Bruce E. Mettetalle M. D.
Address Balt. City Hosp. Date signed 6-12-48

VS 150

This Case Accepted by Medical Examiner
Thos Addington for Williams M.D.

G64072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64072 Registered No. 173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Genl Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 E 54th St
405 Park Ave. (Number and street or rural route number)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Royal Heath (ROYAL VALE HEATH, Jr.)

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 051-16-2480

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1920

8. AGE: Years 27 | Months 10 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Exporter

11. Industry or business Technical Equipment

FATHER
12. Name Royal Vale Heath, Sr.
13. Birthplace New York

MOTHER
14. Maiden Name Lillian H. Hart
15. Birthplace New York

16 (a) Informant Universal Funeral Chapels
(b) Address 507 Lexington Ave., N.Y. City, NY

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof June 13, 1948 (month) (day) (year)
(c) Cemetery or crematory Ferncliff
Location West Chester, New York

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av., Balto.-1, Md.

19 (a) ..... (Date received by registrar) (b) Huntington Williams, Registrar

JUN 15 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 4 55 P M

21. I certify that I took charge of the remains described above, held an Inq Ed Insp thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull, multiple fractures of extremities. Contusions and lacerations multiple.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 12 at 4 50 P 5/6 M.
(b) Where did injury occur? Bloomingdale Rd., Balto. Md
(c) Did injury occur at home, on farm, industrial place, in public place? ~~public place~~ While at work? No Yes
(d) Means of injury Airplane Accident

23. Signature William J. Helfrich M.D. Medical Examiner.
Date signed June 13, 1948

X 263

G64073 BALTIMORE CITY HEALTH DEPARTMENT G64073
Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5th
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Front St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John M Mayo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1878

8. AGE: Years 69 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation Don't Know

11. Industry or business

FATHER 12. Name Don't Know
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant David Eymon
(b) Address Waco Ga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Augusta Cem
Location Elephant Ga

18 (a) Funeral director Fahey
(b) Address 1 B'r 8 Reynolds St

19 (a) Filed JUN 13 1948 (Registrar) Tuttle Funeral Home Millen, Ga

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 5 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl K Eymon M.D.
Medical Examiner.
Date signed 6-12-48

G64074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64074 Registered No.

Please answer questions in ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Holbrook Street
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) None ~~1111~~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Holbrook Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Luke Durken

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie M. Branson

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1874

8. AGE: Years	Months	Days	If less than one day
73	6	8	##### min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired--Electrician

11. Industry or business

FATHER
12. Name James H. Durken
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine Schem
15 Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Bessie M. Durken--Wife
(b) Address 1415 Holbrook Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road, Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue.

19 (a) JUN 12 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1948 to June 10 1948. and that I last saw h[illegible] alive on June 10 1948.

Immediate cause of death	Duration
Auricular fibrillation	
Due to Hypocardial degeneration	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis J. McGrath

Address 1E. Randall St Date signed 6/11/48

Asl 2G64075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64075
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Patapsco Park Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 Bishop Ln
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilson Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Sara Ann Skinner
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6-15-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Edwards
Location Calvert Co

18 (a) Funeral director Chas H Albaugh
(b) Address 1200 McCulloh St

19 (a) (Date received by registrar) (b) Huntington Williamsport, Md

JUN 15 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1948, at 11- P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1948 to 6-12 1948, and that I last saw he alive on 6-12 1948

Immediate cause of death Resp. failure

Duration

Due to Terminal pneumonia

Due to Drug toxin

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Dunk M. D.
JOHNS HOPKINS HOSPITAL
Address Date signed 6/13/48

X

G64076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G64076 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important. Physicians: please write the causes of death clearly and legibly. The information above is correctly supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: WEST BALTIMORE GENERAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 WESTPORT ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susanna Dorothy Ringrose

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	WHITE	MARRIED

6 (b) Name of husband ~~of wife~~ JOHN H RINGROSE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 20, 1915

8. AGE: Years	Months	Days	If less than one day
32	9	21	22 hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name W O B MILLER
13. Birthplace MARYLAND

MOTHER
14. Maiden Name GRACE F MILLER
15. Birthplace MARYLAND

16 (a) Informant MR JOHN H RINGROSE
(b) Address 2431 WESTPORT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 15 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3301 FREDERICK AVE

18 (a) Funeral director Henry A Uhl
(b) 4101 Edmondson Ave
19 (a) 6-16-48 (Date rec'd by registrar) (b) Templeton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 6/11 1948, and that I last saw her alive on 6/11 1948

Immediate cause of death: malignant hypertension — Duration

Due to: Possible invasion of kidneys by malignancy

Due to: Hydronephrosis if Stone present

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Goldstein M.D.
Address WBlg H Date signed 6/11/48

VS 190°.

G64077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G64077
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4843 Park Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Mount Pleasant Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter D Cramblitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9303

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of ~~husband~~ or wife BERTHA A (MURRAY)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 15, 1888

8. AGE: Years 60 | Months 2 | Days 25 | If less than one day 6 hr. min.

9. Birthplace PENNA
(Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business

FATHER
12. Name ARTHUR I CRAMBLITT
13. Birthplace BALTO. MD

MOTHER
14. Maiden Name MOLLIE MOORE
15. Birthplace BALTO. MD

16 (a) Informant: MRS BERTHA CRAMBLITT
(b) Address MT PLEASANT BEACH A.A. Co MD

17 (a) BURIAL (b) Date thereof JUNE 14, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5501 Eastern Ave

18 (a) Funeral director Henry H Withe
(b) Address 401 Edmondson Ave

(c) JUN 12 1948 Washington Williams MD Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 5 P. M

21. I certify that I took charge of the remains described above, held an ~~Inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed June 11, 1948

X

G64078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G64078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Chelsea Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Margaret Gregory Hood

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: J. Emmett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7 1865

8. AGE: Years 85 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Henry Daneker Gregory
13. Birthplace Scotland

MOTHER
14. Maiden Name Caroline Virginia Williams
15. Birthplace Chesapeake City Md.

16 (a) Informant Mr. J. Emmett Hood
(b) Address 2509 Chelsea Terrace

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) JUN 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8th 1948 to June 12 1948, and that I last saw her alive on June 12th 1948 at 3 P. M

Immediate cause of death	Duration
Cardiac Arrhythmia	12 hours
Due to Acute Hypostatic Pneumonia	2 days
Due to Arterial Sclerosis	4 yrs or more
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert E. Zepp M. D.
Address 3400 Hoadon St Date signed 6/13/48

VS 159

G64079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 43a

G64079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 83 S. Kossuth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 83 S. Kossuth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HUGH A. HENRY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Catherine Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1857

8. AGE: Years	Months	Days	If less than one day
90	5	15	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Guard (retired)
11. Industry or business

FATHER
12. Name Patrick Henry
13. Birthplace Ireland

MOTHER
14. Maiden Name Nellie McCurdy
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Garrity
(b) Address 83 S. Kossuth St.

17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICHNER & SONS
(b) Address Balto., Md.

JUN 18 1948
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1947, to June 10 1948, and that I last saw h[illegible] alive on June 10 1948.

Immediate cause of death	Duration
Cerebro vascular accident	3 wks.
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Lapine M.D.
Address 3601 Parkview Av. Date signed 6/15/48

VS 150

X

G64080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G64080 Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1618 N. Port St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N. Port Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET KATHERINE HECKMAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jacob Heckman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1864

8. AGE: Years 84 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bittdorf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Jacob Heckman
(b) Address 1618 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Trinity Evangelical Lutheran
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 13 1948 (Date rec'd by registrar) Washington Nebiaum, M.D. Registrar

VS 453

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948, at 1:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1938 to JUNE 8 1948, and that I last saw h alive on JUNE 8 1948

Immediate cause of death Arteriosclerosis — Duration 10 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg M.D.
Address 3100 Harford Road Date signed 6/12/48 M. D.

G64081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G64081-B

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Mary's Industrial School
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Wilkens ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. HENDERSON

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Catherine Kearney Henderson

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 12/14/1869

8. AGE: Years 78 Months 5 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Falls Church Va (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral Director J. Evans & Son Inc
(b) Address 118 W. Mt. Royal ave

19 (a) (Date received by Registrar) JUN 13 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to June 11 1948 and that I last saw him alive on June 4 1948.

Immediate cause of death: Pulmonary Edema

Due to: Hypertension Myocardial Insufficiency

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Fletcher M. D.
Address 251 W. Lanvale Date signed June 11 48

G64082

BALTIMORE CITY HEALTH DEPARTMENT

119568 CERTIFICATE OF DEATH V186a

Registered No. G64082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4519 Hamilton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1875

8. AGE: Years	Months	Days	If less than one day
72	7	25	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Fanny Carey
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Fort Hill Burial Park
Location Lynchburg, Va.

18 (a) Funeral director Lilly & Zeibordas
(b) Address 403 N. Wolfe Street

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Certificate for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948 at 8.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948 to June 13 1948, and that I last saw her alive on June 13 1948

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Intertrochanteric fracture of hip, left.	1 mo
Due to	
Other Conditions Gen. arteriosclerosis diabetes mellitus (Include pregnancy within 3 months of death)	yrs

Date of operation 5/7/48
Major findings of operation: Fracture of hip
of autopsy: Bronchopneumonia arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/7/48 at 11:30 A.M.
(c) Where did injury occur? Balt. (City or town) Balt. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fell on rug at home

23. Signature Gordon Craft
Address Balto City Hosp. Date signed 6/13/48 M. D.

To be approved by Medical Examiner.

VS 150

Please write the causes of death clearly and legibly. The spaces provided should be carefully supplied. The accuracy is important. Physicians: please write

G64083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G64083

Type or print clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Penhurst ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eileen BEVANS Webster

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Herbert Webster
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1921

8. AGE: Years 27 | Months 4 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert R. Bevans
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Snell
15. Birthplace Balto, Maryland

16 (a) Informant Husband
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Lorenz Byers
(b) Address 5005 Park Heights Ave

19 (a) JUN 14 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948 at 10.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1948, to 6/12 1948; and that I last saw her alive on 6/12 1948.

	Duration
Immediate cause of death Chronic glomerular Nephritis	3 yrs.
due to Nephritis Stage	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirms above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jay H. Fox, M.D.
Address Union Memorial Hospital Date signed 6/12/48 M.D.

Hospital X

MILCHA

G64084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G64084

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Ave.

(c) Hospital or institution: Maryland General Hospital 24 x 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, 25 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1446 Henry St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Milcha M. Hodges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) [illegible], married, widowed, or divorced.

6 (b) Name of husband or wife: William R

6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) April 22, 1870

8. AGE: Years 78 77 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Kent Co. Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Harold Ashley

13. Birthplace Md

MOTHER 14. Maiden Name Mary ?

15. Birthplace Md

16 (a) Informant Mr. Wm R. Hodges

(b) Address 1446 Henry St.

17 (a) Burial (b) Date thereof 6/14/48 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick Ave

18 (a) Funeral director John F. Henry Inc

(b) Address 45 Light St.

19 JUN 14 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 June 1948, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5 June 1948 to 10 June 1948 and that I last saw her alive on 10 June 1948

Immediate cause of death	Duration
Cardiac decompensation	
Due to Auricular fibrillation	
Due to	
Other Conditions Possible intestinal obstruction	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M.T. McGowan M. D.

Address M.D. Gen. Hosp. Date signed 10 June 48

VS 150

G64085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106 B

Registered No. G64085

Please write the causes of death clearly and legibly. Physicians: please write carefully, as legibility is especially important. Please answer all questions as carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dominick Kilkis

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Tailor.
11. Industry or business

FATHER
12. Name Dominick Kilkis
13. Birthplace Lith ?

MOTHER
14. Maiden Name
15. Birthplace Lith

16 (a) Informant Anthony Adamites
(b) Address 821 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd

18 (a) Funeral director Joseph Kasmyshan Inc.
(b) Address 60 E Washington St

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Hunting Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 10:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1948, to June 11 1948, and that I last saw him alive on June 10 1948.

Immediate cause of death	Duration
Pulmonary emphysema	2 mos
Due to Bronchiectasis and pulmonary fibrosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Ulrich, Jr. M. D.
Address 122 E Madison Blvd Date signed 6/13/48

VS 150

X

G64086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St.
(c) Hospital or institution: Franklin Square 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(c) Street No. 1008 Union Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara May Misal

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles Albert Misal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1870
8. AGE: Years 76 | Months 7 | Days 28 | If less than one day hr. min.
9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Emanuel Fisher
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosier
15. Birthplace Maryland

16 (a) Informant Harvey D. Misal
(b) Address 1008 Union Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3021 Falls Road

JUN 14 1948 (Date rec'd by registrar) (By) Hunter for Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1948, to June 11 1948, and that I last saw h.e.r alive on June 11 1948.

Immediate cause of death: Cardiac failure — Duration

Due to: Myocardial infarct

Due to: Arteriosclerotic cardiovascular disease

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Bobby L. Jones, M.D.
Address Franklin Square Hosp. Date signed 6/14/48

937

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The accuracy of this certificate is especially important. Physicians: please write the causes of death clearly and legibly.

G64087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12262

G64087

Please write plainly with pen or pencil. Do not use ditto marks. Be sure to answer all questions, and if any cannot be answered write "unknown" or "none" as the case may be. Make no erasures. Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town near Beckleysville (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #2 Hampstead Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laura F. Alban

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel A. Alban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22-1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	1	20		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia Fair
15. Birthplace Maryland

16 (a) Informant Mefford L. Stabb
(b) Address 5731 Cromore Road, Balto. 14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-1948 (month) (day) (year)
(c) Cemetery or crematory Beckleysville
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) JUN 14 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 12 1948 and that I last saw h.r alive on June 12 1948

Immediate cause of death	Duration
Hyperpyrexia	
Due to Intestinal obstruction	
Due to Diverticulitis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. T. Shear M.D.
Address 1111 Eutaw Pl. Date signed 6/14/48

VS 150

G61088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G61088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N Broadway
(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 5
(d) Street No. 411 N Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Late Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 (Aug) 1879

8. AGE: Years	Months	Days	If less than one day
(68) 68	9	9	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Henry Jaffe
13. Birthplace Russia

MOTHER
14. Maiden Name Dora ?
15. Birthplace Russia

16 (a) Informant Mrs Rose Levinson
(b) Address 411 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

JUN 14 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 9:35

20. DATE OF DEATH June 12 1948 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1943, to June 12 1948 and that I last saw h/er alive on June 12 1948

Immediate cause of death	Duration
ACUTE PULMONARY EDEMA	
Due to CONGESTIVE HEART FAILURE	
Due to HYPERTENSIVE CVHD	
Due to	
Other Conditions DIABETES MELLITUS	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Levinson
Address 2511 Reisterstown Rd Date signed 6/13/48 M. D.

93D

64089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 64089

64089

Please write the causes of death clearly and legibly. Use ink. Do not use pencil. Typewriter is preferred. Physicians: please write in the time interval between onset and death, and the address, if not in an institution. Do not leave any important item unanswered. If unknown, state "unknown." If the deceased was a woman, whether single, married, widowed, or divorced, state the fact, and give the name of her husband. If she was married, widowed, or divorced, give her maiden name. Please answer all questions.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Rosalie Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Port St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna K. Barleggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph Barleggs 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8-1868

8. AGE: Years	Months	Days	If less than one day
80	02	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Henry Killian

13. Birthplace Germany

MOTHER 14. Maiden Name Louise Wilhelm

15. Birthplace Germany

16 (a) Informant Henry A. Barleggs

(b) Address 2831 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-48 (month) (day) (year)

(c) Cemetery or crematory Schwartz's

Location Donnell St.

18 (a) Funeral director John A. Miller

(b) Address 2334 Jefferson St.

19 (a) [illegible] (b) Huntington Williams, M.D. Address 627 Wayne Rd

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948, to June 11 1948, and that I last saw h[illegible] alive on June 11 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Alessi

Date signed 6/14/48 M. D.

VS 150

64090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

64090 Registered No.

Please answer questions on reverse of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Taklak

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-3983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not know?

8. AGE: Years	Months	Days	If less than one day
50?			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER	12. Name	? Taklak
	13. Birthplace	Poland
MOTHER	14. Maiden Name	Not know
	15. Birthplace	Poland

16 (a) Informant Mr Anthony Dimiduk
(b) Address 40 Talbott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn

18 (a) Funeral director John A. Grebliunas
(b) Address 423 S. Paca St

19 (a) JUN 14 1948 (month) (day) (year) (b) Registrar Washington Boulevard, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 2 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bilateral miliary Tuberculosis of the lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mellenis M.D. Medical Examiner.
Date signed 6-12-48

VS 151

G64091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G64091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Woodyear St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Woodyear (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William H. Johnson
13. Birthplace Penna

MOTHER 14. Maiden Name Christena Frye
15. Birthplace Penna

16 (a) Informant Cora Dewey (sister)
(b) Address 1705 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 48 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location Arnolds Mills Md

18 (a) Funeral director W. C. Brooks
(b) Address 1462 N. Carey St

19 JUN 14 1948 (Date rec'd by registrar) Kentucky for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1948 5:30 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1948 to 6/10 1948. and that I last saw h[illegible] alive on 6/5 1948.

Immediate cause of death	Duration
Chronic Cystic Vascular Renal Disease	6 mos
Due to Uremia	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 6/14

VS 150

Cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

64092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. 64092

Please write the causes of death clearly and legibly. The accuracy of the certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4405 Arabia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Arabia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Margaret E. Maisch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife F. Henry Maisch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1887

8. AGE: Years	Months	Days	If less than one day
61	4	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Henry McNaney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elenora Yewell
15. Birthplace Baltimore

16 (a) Informant F. Henry Maisch
(b) Address 4405 Arabia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway.

19 (JUN 14 1948) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1948, at 11:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1940 to June 10th 1948. and that I last saw h[illegible] alive on June 1st 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	½ hour
Due to Chronic Hypertension	8 years
Due to	
Other Conditions Hemiplegia	4 years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 5106 Harford Rd. Date signed 6/11/48

VS 150

G64093

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 94a

CERTIFICATE OF DEATH

Registered No. G64093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. ST 619 Oregon Ave.
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Maurice Eugene JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen Harman Jones

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Mar 31, 1902

8. AGE: Years 45 Months 3 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B & O RR

FATHER
12. Name Howard Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Elsie Darsch
15. Birthplace Maryland

16 (a) Informant Mrs. Helen H. Jones
(b) Address 5619 Oregon Ave., Halethorpe, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. Willis Lamoreaux
(b) Address 4510 Liberty Heights Ave.

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948 at 1 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary thrombosis.
Myocardial infarction

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at ..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6/12/48

VS 151

64094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 64094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 DUVALL AVE - 16 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JAMES TATE

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: MARY TATE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/29/1887

8. AGE: Years	Months	Days	If less than one day
60	10	13	14 hr. min.

9. Birthplace BELFAST, IRELAND (Town, county, and state)
10. Usual Occupation OWNER
11. Industry or business TATE ENGINEERING & SUPPLY

FATHER
12. Name GEO. TATE
13. Birthplace COUNTY ANTRIM, IRELAND

MOTHER
14. Maiden Name ELIZA JANE HARKINSON
15 Birthplace COUNTY ANTRIM, IRELAND

16 (a) Informant MRS. MARY TATE
(b) Address 3912 DUVALL AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location BALTO CO. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1948 to 6-12 1948, and that I last saw h. alive on 6-11 1948.

Immediate cause of death	Duration
a. Coronary failure	PORTAL
Due to Rupt'd fractured intra-cerebral hemorrhage	
Due to & subarachnoid extension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Alfred Gallenkamp M. D.
Address University Hosp Date signed 6-12-48

VS 150

G64095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G64095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3219 The Alameda
(c) Hospital or institution: 9-

ABOVE ADDRESS

(d) Length of stay in ~~hospital or inst. (yrs., mos., or days)~~ 6 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3219 The Alameda
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** CHARLES A. JORDING

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Vola M. Jording
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 30, 1874

8. AGE: Years: 73 | Months: 9 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Shipwrecking
11. Industry or business: Self

FATHER
12. Name: Charles A. Jording
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eliza Andre
15. Birthplace: Germany

16 (a) Informant: Mrs. Vola M. Jording
(b) Address: 3219 The Alameda (18)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory: Western Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md. Huntingtown Williams, Mgr

19 (a) JUN 14 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7, 1945 to June 11, 1948 and that I last saw him alive on June 11, 1948.

	Duration
Immediate cause of death: Myocardial Failure	3 years.
Due to: Chronic Myocarditis	"
Due to:	
Other Conditions: Chronic Nephritis	3 months

(Include pregnancy within 3 months of death)

Date of operation: none.
Major findings of operation: none.
of autopsy: none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? ~
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ While at work? ~
(Specify type of place) ✓
(e) Means of injury

23. Signature: Frank M. Ogburn M. D.
Address: 2701 N. Calvert St. Date signed: June 16, 48

VS 153

93D

664096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

664096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Woodbine ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Carroll.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: May Carter Carroll

6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) 10/5/1882

8. AGE: Years 65 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace Bedford, Pa. (Town, county, and state)

10. Usual Occupation Asst Supt.

11. Industry or business Stewart Co.

FATHER — 12. Name D. Alton Carroll

13. Birthplace Md.

MOTHER — 14. Maiden Name Mary Amelia DeTreasy

15. Birthplace Pa.

16 (a) Informant Mrs. May Carter Carroll

(b) Address 3602 Woodbine Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)

(c) Cemetery or crematory

Location Savannah, Ga.

18 (a) Funeral director Wm. T. Tickner & Sons

(b) Address Balto. Md.

19 (a) JUN 14 1948 (Date rec'd by registrar) Huntingtown, Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 6/13 1948 and that I last saw h[illegible] alive on 6/12 1948

Immediate cause of death Peritonitis — Duration

Due to Ca of bowel

Due to

Other Conditions Pulmonary T.B.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh A Wells M.D.

Address Shapers Hosp. Date signed 6/13/48

VS 150

64097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. 64097

CM. 119218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 748 W. Fayette ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Pappas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 25 - 1889

8. AGE: Years	Months	Days	If less than one day
58	7	15	hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pete Pappas
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 14-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greek -
Location Woodlawn Md.

18 (a) Funeral director Sambros Inc.
(b) Address 440 E. North Ave.

19 JUN 1 1948 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 9 - 1948, at 5.20A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 26 - 1948 to 6 - 9 - 1948 and that I last saw h. alive on 6 - 9 - 1948

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Vanlong Jr. M.D.
Address Balto City Hosp. Date signed 11 June 48

X

C64098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

Registered No. C64098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1931

8. AGE: Years 17 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace Charlotte, N. C.
(Town, county, and state)

10. Usual Occupation Student.

11. Industry or business

FATHER
12. Name Charles Hughes.
13. Birthplace Winsboro, S. C.

MOTHER
14. Maiden Name Pauline Pearson.
15 Birthplace Winsboro, S. C.

16 (a) Informant Pauline Hughes.
(b) Address 1027 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1948. (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 JUN 14 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to June 11 1948, and that I last saw him alive on June 11 1948.

Immediate cause of death	Duration
Myocardial failure	
Pericarditis and effusion	
Due to Septicemia	
Due to Staphylococcus aureus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Pericarditis, endocarditis, Splenic & renal abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Fred R. McClement Jr. M. D.
Address University Hosp. Date signed 6/12/48

VS 150

90B

664099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

664099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence R. Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Joseph Johnson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1891
8. AGE: Years 57 Months 3 Days 12 If less than one day hr. min.
9. Birthplace Eastern Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Charles Breese
13. Birthplace Eastern Md.
14. Maiden Name Emma Miller
15. Birthplace Eastern Md.

16 (a) Informant Ida Bryant
(b) Address 1823 Edmondson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Bethel, A.M.E.
Location Easton, Maryland.
18 (a) Funeral director Mrs. Kate R. Billings
(b) Address 322 E. Schroeder St.
19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Huntingtown, Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948 at 1:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1948 to 6-12 1948 and that I last saw h[illegible] alive on 6-[illegible] 1948

Immediate cause of death	Duration
Cardio Vascular renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. Atwell Jones M. D.
Address 5-5-4 Date signed 6-14-48

VS 150

Write the causes of death clearly and legibly. Physicians: please write the information requested. It is very important.

064100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 064100

CH. 119587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Vine ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Bellamy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mayo Bellamy

6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years 60? Months Days If less than one day hr. min.

9. Birthplace GA. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 14 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-1948, at 7.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-48 1948 to 6-10-1948, and that I last saw him alive on 6-10-1948

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Arteriosclerosis

Due to

Other Conditions Arteriosclerotic Heart Disease & heart failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. R. Lenderoth, 2nd M. D.

Address Balto City Hosp. Date signed 6-11-48

836

664101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 664101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Pine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** McKinley Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: N

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/6/02

8. AGE: Years 46 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Beaumont, Texas
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Lee
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mildred Lee
(b) Address 516 N. Pine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland

18 (a) Funeral director Charles R. Law
(b) Address 802 Madison Avenue

19 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1948 to 6/11 1948, and that I last saw him alive on 6/11 1948.

Immediate cause of death	Duration
Uremia	
Due to Hypertensive C-V-R disease	1 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Preston Grant

Address 1514 Division Date signed 6/12/48 M.D.

VS 150

G64102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

Registered No. G64102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Garrison Boulevard
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY G. CURRAN

3 (b) If veteran, name war –
3 (c) Social Security Account No. – –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Joseph M. Curran
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1863

8. AGE: Years	Months	Days	If less than one day
84	9	5	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Frederick Gabrio
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Wilhelmina Fisher
15. Birthplace Virginia

16 (a) Informant Mr. Joseph M. Curran
(b) Address 3026 Garrison Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) Registered by (Registrar) (b) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 48 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1948 to June 11 1948, and that I last saw h alive on June 11 1948.

Immediate cause of death Pneumonia — Duration

Due to Hypertension C.V. Disease

Due to Arteriosclerosis & Senility

Other Conditions –

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury M. P. BYERLY
23. Signature M. P. Byerly
Address 3033 W Fort Ave Date signed 6/15/48 M. D.

VS 150

X

G64103

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 13B

Registered No. G64103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Baltimore Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lombard & Church
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS H BALDWIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 5-77-03-0445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Nellie Shaner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1888

8. AGE: Years	Months	Days	If less than one day
60 60	2	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15 Birthplace "

16 (a) Informant Miss Janet Baldwin
(b) Address Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Cumb'd & Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

19 JUN 14 1948 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948, to June 13 1948, and that I last saw h[illegible] alive on June 13 1948.

Immediate cause of death	Duration
(a) Cancer	
Due to (b) Subcutaneous Lymphosarcoma	
Due to (c) Tuberculosis Pulmonary Cavitary	1 year
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wallace Goldsborough M. D.
Address University Hosp Date signed 6-13-48

VS 150

X 0775

G64104

BALTIMORE CITY HEALTH DEPARTMENT ✓ 166

CERTIFICATE OF DEATH

G64104
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 - Brentwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14 1925

8. AGE: Years 22 | Months 0 | Days 28 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Jacob Dyson
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Ann Truxton
15. Birthplace Md.

16 (a) Informant Jacob Dyson
(b) Address 1702 - Brentwood ave

17 (a) Burial (b) Date thereof June 16 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave

19 6-14-1948 (b)
(Date rec'd by registrar) Huntington Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 48, at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of Abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12 June 48 at 11.30 a.m. P.M.
(b) Where did injury occur? 716 Eutaw St
(c) Did injury occur in home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Gun shot

23. Signature Emil R. Ruzicka M.D.
Medical Examiner.
Date signed 13 June 48

VS 151

G64105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64105 Registered No.

1106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Belnord Ave., Balto.-24 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Barbara Ann Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe.	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1862

8. AGE:	Years	Months	Days	If less than one day
85	85	10	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles H. Ritter

13. Birthplace Germany

MOTHER 14. Maiden Name Regina Kommelbacher

15. Birthplace Germany

16 (a) Informant Charles H. Ritter

(b) Address 3209 Gother Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1948 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director John C. Moran

(b) Address 3000 E. Baltimore St

JUN 14 1948 (Date rec'd by registrar) Registrar

VS 159

6-12-48

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14/48 19..., at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/48 19... to 6/12/48 19..., and that I last saw h[illegible] alive on 6/10/48 19...

Immediate cause of death 6-12-48 Cardio Resp failure — Duration

Due to Pleural Effusion Bilat

Due to Pulmonary Infarction

Other Conditions Atherosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Infarction Lung

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter A Bailey

Address 1405 Caroline Date signed 6/14/48

X

G64106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G64106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 N. Clinton St
(c) Hospital or institution:
26-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 N Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustave Mineus

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3537

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	White	Married

6 (b) Name of husband or wife Olga Mineus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 31 1875

8. AGE:	Years	Months	Days	If less than one day
	72	9	12	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Butcher S & K Co.

11. Industry or business Meat Cutter

FATHER
12. Name
13. Birthplace Latvia ?

MOTHER
14. Maiden Name
15. Birthplace Latvia ?

16 (a) Informant Olga Mineus
(b) Address 1 N Clinton St

17 (a) Burial (b) Date thereof June 15 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Mallans Co
Location O'Donnell St.

18 (a) Funeral director John C Moran
(b) Address 3080 E Baltimore St.

19 (a) 1948 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1948, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to 6/12 1948, and that I last saw h-- alive on 6/11 1948.

Immediate cause of death Cancer of Lung — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos Goodman M. D.
Address 3100 E Biddle Date signed 6/14/48

VS 159

G64107 ✓ G64107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 8.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 E. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Hoffman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. John

6 (b) Name of husband or wife

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 8-13-00

8. AGE: Years 47 | Months 9 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph E. Fulton
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca Curry
15 Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Libby & Zeiler Lane.

18 (a) Funeral director Frederick Rd
(b) Address 403 S. Wolfe Street

19 (a) (Date received) (b) Huntington Williams, M.D. Registrar

JUN 14 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-1948, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-48 to 6-11-48, and that I last saw ... alive on 6-11-48.

Immediate cause of death: Hemorrhage — Duration

Due to: Terminal carcinoma of cervix, Lof N IV

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Jane Hagelund M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 6/12/48

G64108

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64108

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 E. Balto. St.
(c) Hospital or institution:
6 + 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME Margaret B. Stapleton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-12-1874

8. AGE: Years 73 | Months 11 | Days 29 | If less than one day hr. min

9. Birthplace Balto -
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name John Murphy
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Riggin
15. Birthplace Balto

16 (a) Informant Miss Mary Murphy
(b) Address 2528 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmonson Ave

18 (a) Funeral director Lilly + Zeilinch
(b) Address 403 S. Fulton Ave

19 (a) 6 1948 (Date rec'd by registrar) Huntington Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/ 1948 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1948 to June 11- 1948 and that I last saw h[illegible] alive on June 11- 1948.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	2 yrs.
Due to Chr. Arthritis	4 yrs.
Due to	
Other Conditions Acute Cystitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. G. Guy M.D. M. D.
Address Date signed

VS 199

X

G64109 ✓ G64109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 26
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 342 S. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Hackett
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ruth Riley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 - 1900

8. AGE: Years	Months	Days	If less than one day
47 48	10	16	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James F. Hackett
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Catherine Selig
15. Birthplace Balto Co.

16 (a) Informant Ruth Hackett
(b) Address 342 S. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Edgewood Ave

18 (a) Funeral director Lilly & Zeibold
(b) Address 403 N. Wolfe Street

19 (a) 6-14-48 (Date received by registrar) (b) Lavinia Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/48 19 at 1:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 19 48 to 6-12 1948 and that I last saw h[illegible] alive on 6-12 19 48.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Carouge M. D.
Address 1213 S. Light St Date signed 6-12-48

VS 150

G64110 ✓ G64110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Fleet St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Caruso

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frank V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18-1896

8. AGE: Years 51 | Months 10 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name John Paulus
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Balto.

16 (a) Informant Frank V. Caruso
(b) Address 3305 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director Lilly & Sons Inc
(b) Address 402 S. Howard St.

19 (a) ..... (b) ..... [Date received by registrar] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/1948, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to June 12 1948, and that I last saw her alive on June 11 1948.

	Duration
Immediate cause of death Uremia	10 days
Due to Chronic Glomerular Nephritis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Gaskel M. D.
Address 637 S. Carlings Date signed 6-14-48

VS 150

G64111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 S. Charles St -
(c) Hospital or institution: — 23 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Lewis W. Huber

3 (b) If veteran, name war —

3 (c) Social Security Account No. 24-01-2103

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Agnes Huber (nee LaMar) 6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1891

8. AGE: Years	Months	Days	If less than one day
56	8 9	5	..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Bailey Maker for
11. Industry or business Arundel Sand & Gravel Co.

FATHER
12. Name Joseph Huber
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Now
15. Birthplace Balto, Md

16 (a) Informant Mrs. Margaret Agnes Huber (wife)
(b) Address 1730 S. Charles St., Balto 30, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. June 16, 1948 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem.
Location G. A. Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Charles St Balto 30 Md

19 (a) JUN 14 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. June 13, 1948, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1946, to June 13 1948. and that I last saw him alive on June 13 1948.

Immediate cause of death Coronar Hemorrhage — Duration 8 months

Due to Arteriosclerosis and Hypertension — 2 2

Due to — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter Kohn
Address 102 E. Fayette Date signed 6/14/48 M. D.

G64112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G64112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital 20-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Fonthill Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** MARTHA F. MARLING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Husband - Ernest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-1879

8. AGE: Years 69 | Months 3 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Nixon
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Downes
15. Birthplace Md.

16 (a) Informant ERNEST A MARLING
(b) Address 301 S FONTHILL AVE

17 (a) BURIAL (b) Date thereof June 16 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 Frederick Ave

18 (a) Funeral director Harry H Wolfe
(b) Address 4101 Edmondson Ave

19 JUN 14 1948 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1948 at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 June 1948 to 12 June 1948 and that I last saw h[er] alive on 11 June 1948

Immediate cause of death Cerebro Vascular Hemorrhage — Duration

Due to Arteriosclerotic C-V Disease

Due to

Other Conditions Diabetes Mellitus Compound Fracture, Left Forearm
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-4-48 at 3:45 A M
(c) Where did injury occur? 301 S. Fonthill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no.
(e) Means of injury Fell down stairs at home

23. Signature James E Howell M.D.
Address St. Agnes Hosp. Date signed 12 June 48

To be Approved. X

G64113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 100B

Registered No. G64113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4227 Euclid ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaretha Miller.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Wd.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) AUG. 2, 1868

8. AGE: Years 79 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation Housekeeper None

11. Industry or business

FATHER 12. Name John Rattler

13. Birthplace Germany

MOTHER 14. Maiden name Margaretha ?

15. Birthplace Germany

16 (a) Informant Mrs. Conley

(b) Address Same.

17. Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Geyer & Farley

(b) Address Hudson & Fayette Huntington Woodlawn, Md

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1948 at 10 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1948 to 6/12 1948 and that I last saw h[illegible] alive on 6/12 1948

Immediate cause of death Heart failure.

Due to Arteriosclerosis

Due to

Other Conditions Thrombophlebitis left.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A Wells M.D.

Address 5 Hopkins Hosp. Date signed 6/12/48

VS 150

97

Smither

G64114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No. G64114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 ayes

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6061 Harford Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dewey C. Smithers

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 218-03-1188

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 1898

8. AGE: Years	Months	Days	If less than one day
49	10	0	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation time Keeper

11. Industry or business

FATHER — 12. Name	Timothy Smithers
FATHER — 13. Birthplace	Virginia
MOTHER — 14. Maiden Name	~~Lela~~ Alberta Soles
MOTHER — 15. Birthplace	Virginia

16 (a) Informant Mr. Timothy Smither
(b) Address 3122 Brendan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Balto

18 (a) Funeral director L. J. Keyek
(b) Address 5305 Harford Rd.

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Courtney Jon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 11 17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1941 to June 12 1948, and that I last saw him alive on June 12 1948.

Immediate cause of death	Duration
Hodgkins disease	9 mths.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Otis Montgomery M.D. M. D.

Address Mercy Hospital Date signed 6-12-48

VS 150

X

C64115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. C64115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Hagerd St.
(c) Hospital or institution:

10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Hagerd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion Tabon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1913

8. AGE: Years 35 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Walter Tabon
13. Birthplace N.C.

MOTHER 14. Maiden Name Bessie Howard.
15. Birthplace N.C.

16 (a) Informant Daisy Howard
(b) Address 919 Hillen St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 15/48 (month) (day) (year)

(c) Cemetery or crematory
Location Henderson N. Carolina

18 (a) Funeral director Mrs. Both A. Elliott Lady
(b) Address 1129 N. Carrollton Ave

19 (a) JUN 14 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1948, at 11:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet Wound of Abd.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12 June 48 at 11:30 P. M.
(b) Where did injury occur? 716 Eutaw St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury Gun shot

23. Signature [illegible] M.D. Medical Examiner
Date signed 13 June 48

X

64116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

64116 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 8-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 2023 Ellsworth St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank L Derr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1927

8. AGE: Years	Months	Days	If less than one day
10	11	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Lewis E. Derr
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name E. Bernice Boatwright
15. Birthplace South Carolina

16 (a) Informant Lewis E Derr
(b) Address 2023 Ellsworth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem
Location North Ave

18 (a) Funeral director H E Milby Jr
(b) Address 2437 E. Oliver St

19 (a) [illegible] 1948 (b) Huntington Williams Md
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 11 35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pulmonary Edema
Epilepsy
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carlton Hyde M.D.
Medical Examiner.
Date signed 6-14-48

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64117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950

Registered No. 64117

E.J.A. 120041

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S. Eaton St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Ermer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1910

8. AGE: Years 37 | Months 10 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Auto Parts

FATHER
12. Name John Ermer
13. Birthplace Md.

MOTHER
14. Maiden Name Mamie Spann
15. Birthplace Md.

16 (a) Informant Record's Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1948 (month) (day) (year)
(c) Cemetery or crematory 1st Un. Evangelical Cemetery
Location O'Donnell Street

18 (a) Funeral director Albert F. Keith
(b) Address 1601 Chester Street

19 (a) JUN 14 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13-48 1948, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19..., and that I last saw h... alive on ... 19...

Immediate cause of death: Cardiac Failure — Duration: 2 wks
Due to: Rheumatic Heart Disease — Duration: years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Academe

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Coleman Jr. M.D.
Address Balto City Hosp. Date signed 6/13/48

VS 150

To be approved by Medical examiner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 19-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Gilmor St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME (Jennie) Janie Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife 10/3/87

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/(77)

8. AGE: Years 60 | Months 8 | Days 8 | If less than one day: hr. min. 1887

9. Birthplace Columbia, S.C. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace " "

MOTHER 14. Maiden Name Elizabeth Easley

15. Birthplace South Carolina

16 (a) Informant Janie Butler (patient)

(b) Address 420 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location Brooklyn Md

18 (c) Funeral director Elroy O. Wilson

(b) Address 1000 Broadway ave

19 (Date received by Registrar) (Signature of Registrar) Thurlington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1948 at 9.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1948 to 6/11 1948, and that I last saw h.s.r alive on 6/11 1948.

Immediate cause of death (1) Starvation and Hypoproteinemia

(2) Bronchopneumonia

Due to 2nd & 3rd degree burns of the body

Due to

Other Conditions Arteriosclerosis senility

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration
4 mos. 13 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 19/

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 1/29/48 at 12.30 P.M.

(c) Where did injury occur? Baltimore (City or town) (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? NO

(e) Means of injury Burns - fell across stove

23. Signature O. W. Hoffler

Address Provident Hosp. Date signed M. 6 D. 11/48

For C. H. D. Signed by Howard J. Malloy, M.D. X

G64119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193E

Registered No. G64119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice (Joy) Jay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Scotis Jay

6 (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.) 6-17-1922

8. AGE: Years: 25 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace Rotboro N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Graves
13. Birthplace Rotboro N.C.

MOTHER
14. Maiden Name Parish Winston
15. Birthplace Rotboro N.C.

16 (a) Informant: Scotis Jay
(b) Address 1639 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location Rotboro N.C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bentley ave Huntington Williamsport Md

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 1 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure
Due to

Other Conditions

(Include pregnancy within 2 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Long M.D. (Medical Examiner)
Date signed 6-12-48

VS 131

G64120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V. 13 B

G64120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Short Court apt. 1A
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Short Court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosibel Berkeley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years: 39 | Months | Days | If less than one day: hr. min.

9. Birthplace Darlington S. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Jackson
13. Birthplace Darlington S. C.

MOTHER
14. Maiden Name Georgina ?
15. Birthplace South Carolinia

16 (a) Informant Mildred Berkeley
(b) Address 1210 Short Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) JUN 14 1948 (Date rec'd by registrar) Darlington Williams Registrar

VS 151

MEDICAL CERTIFICATION 40

20. DATE OF DEATH June 11, 1948 at 9 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH chronic pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Frank Royer M.D. Medical Examiner.
Date signed 6/12/48

G64121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 51B

Registered No. G64121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Dukeland St.
(c) Hospital or institution:
West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5814 Windsor Mill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No).
If yes, name country

3 (a) FULL NAME Hubert V. Robinson
3 (b) If veteran, name war
3 (c) Social Security Account No. 569-30-1281

4. Sex Male.
5. Color or race White
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife Marguerite P.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 18, 1883
8. AGE: Years 64 Months 11 Days 25 If less than one day hr. min.
9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Carlins Amusement Park

FATHER
12. Name George L. Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Baker
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Gladys V. Speaks.
(b) Address 5814 Windsor Mill Rd.

17 (a) Burial (b) Date thereof 6/15/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.
18 (a) Funeral director D. Howard Strong
(b) Address 3207 W. North Ave.
19 JUN 14 1948 Huntington Williams, M.D.
(Accepted by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 12 1948, at 3 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 2 1948 to 6 12 1948.
and that I last saw h[illegible] alive on 6 12 1948

	Duration
Immediate cause of death Cerebral Sclerosis	
* Hypostatic Pneumonia	
Due to	
Due to	
Other Conditions Ca of Prostate	
Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Norman Lee, M.D.
Address W B G H Date signed 6/12/48

VS 150

939

G64122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106 B

G64122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence W Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5255

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Elsie A Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7-1880

8. AGE: Years	Months	Days	If less than one day
68	2	6	hr. min.

9. Birthplace Hagerstown Md (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business

FATHER
12. Name Lewis C Davis
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Sarah J. Wachtell
15. Birthplace Hagerstown Md

16 (a) Informant Elsie Davis
(b) Address 2527 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem
Location 1260 - Sec 15

18 (a) Funeral director Chas P Powell
(b) Address 2427 E Monument Balto Md

19 (a) JUN 14 1948 (Date rec'd by registrar) Registrar for Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1948 to June 13 1948, and that I last saw him alive on June 13 1948.

Immediate cause of death	Duration
Heart failure	3 days
Due to Chronic Bronchitis	30 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Harris Price
Address 312 Med Arts Bldg Date signed 6/17/48 M. D.

G4123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

G64123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katie C. Hebb

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	217-03-5764

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/1890

8. AGE: Years	Months	Days	If less than one day
58	1	12	hr. min.

9. Birthplace St. Mary's County, Md.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Louis Chester
13. Birthplace Md

MOTHER
14. Maiden Name Malinda
15. Birthplace Md

16 (a) Informant: Jeannette Armstrong (DAug)
(b) Address 1127 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk
Location Balto County, Md

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

19 JUN 14 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 9:00 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured aneurysm of aorta

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed June 9, 1948

VS 151

64124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163M

Registered No. 64124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... D.O.A.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 27
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Everton Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME MAE JONES WEILLER (Mae Weiller)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Chas. L. Weiller

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug-13-1899

8. AGE: Years 48 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Charlotte N. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Jr. Dr. Jones
13. Birthplace unknown

MOTHER
14. Maiden Name Coulthard Unknown
15. Birthplace unknown

16 (a) Informant Mr. C. L. Weiller (Husband)
(b) Address 2417 Epsom Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Stewart Memls.
(b) Address 108 W. North Ave.

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1948, at 7:55 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to
~~Inflammation of~~
Due to Carbon Monoxide (per D. J. M.)

Other Conditions Dependency
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/14/48 at about 7:00 A M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? Garage at home While at work? No
(d) Means of injury Fumes of auto to r.r. window connected 10' from about

23. Signature C. J. Pelmi Q. M.D.
Medical Examiner.
Date signed 6/17/48

VS 131

64125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

Registered No. G64125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33 Sts.
(c) Hospital or institution: Union Memorial Hosp 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles St. - Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kerner Fairfax Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary O'Donnell Brown

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July - 5 - 1864

8. AGE: Years 83 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business None

FATHER
12. Name William H. Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henretta Kerner
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Courtney F. Brown (son)
(b) Address 5106 St. Albans Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Ave. Cita 21

19 (a) JUN 14 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 48 at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(a) Multiple injuries due to accident
(b) Due to
(c) Other Conditions Hypertensive Cardiovascular Disease
Contributing Cause
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury April 14 48 12:30 P.M.
(b) Where did injury occur? S. Paul & Fayette Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Street Intersection While at work? No
(d) Means of injury Struck by Yellow Cab

23. Signature Earl K. Bryan M.D.
Medical Examiner.
Date signed 6-14-48

G64126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64126 X 52a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st Sts.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County Long Island
(c) City or town Arverne
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7311 Beckaway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3 (a) FULL NAME GEORGE SCHMIDT (also known as Daniel George Schmitt)

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No. 069-14-1158

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Loretta Fitzhenry

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1889

8. AGE: Years 58 | Months 6 | Days 8 ? | If less than one day ..... hr. ..... min.

9. Birthplace New York, NY (Town, county, and state)

10. Usual Occupation Guard

11. Industry or business U.S. Public Health Service

FATHER
12. Name Daniel Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Cecelia Bowman
15 Birthplace Germany

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-48 (month) (day) (year)
(c) Cemetery or crematory Long Island National
Location Long Island, New York

18 (a) Funeral director Wm. Cook Dept.
(b) Address 1217 St. Paul St.

19 (a) JUN 14 1948 (Date received by Registrar) (b) ..... Registrar
Huntington Williams, MD

WS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 11:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1948 to June 13 1948, and that I last saw him alive on June 13 1948.

Immediate cause of death	Duration
Carcinoma left kidney with widespread metastases	About 1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
As above
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 6/14/48

X

G64127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4714 Park Heights Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4714 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Montgomery Ryan

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-01-7559

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Gertrude Reitz Ryan

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1880

8. AGE: Years 67 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Barber,

11. Industry or business Barber Shop

FATHER
12. Name John Montgomery Ryan,
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Heil,
15 Birthplace Md.

16 (a) Informant Mrs. Gertrude Ryan,
(b) Address 4714 Park Heights Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.,

JUN 14 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948, to June 11 1948, and that I last saw him alive on 6-10 1948.

Immediate cause of death	Duration
Coronary Thrombosis	6 Weeks
Due to Hypertension	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Evans M. D.
Address 7201 York Rd. Date signed 6-11-48

VS 150

4128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G64128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400-04 N. Lexington St
(c) Hospital or institution: Aged Homeless & Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N LEXINGTON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eduard Frazier

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7. 1870

8. AGE: Years 77 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Frazier
13. Birthplace

MOTHER 14. Maiden Name Susanna Frazier
15. Birthplace

16 (a) Informant L. N. Read Supt.
(b) Address 1400-04 N. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Roslyn

18 (a) Funeral director Williams & Dove
(b) Address 3447 Cont Ave

19 JUN 15 1948 (Date rec'd by registrar) (Signature) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 5 00 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1947 to June 13 1948.
and that I last saw him alive on June 13 1948.

Immediate cause of death Cardio-Respiratory Failure — Duration

Due to Carcinoma Colon

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Nov. 1945
Major findings of operation: Carcinoma Sigmoid Colon
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Meriland Edward Day M. D.
Address 4-E-33rd St -18 Date signed 6/14/48

V S 150

X

64129 64129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 Arunah Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Arunah Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter S Iglehart

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-07-3254

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1872

8. AGE: Years 75 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation Salesman Retired

11. Industry or business

FATHER
12. Name Rufus Iglehart
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Thelps
15. Birthplace Md

16 (a) Informant Mrs Beatrice Benedetto
(b) Address 2412 Arunah Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 6/15/48

(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilson & Sons
(b) Address 1217 E Fort Ave

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to June 12 1948, and that I last saw him alive on June 12 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 wks
Due to	
Due to	
Other Conditions Paraplegia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) ERNEST H. RAHN
(e) Means of injury
23. Signature Ernest H. Rahn
Address 1735 Poplar Grove St Date signed 6/14/48 M D.

1735 POPLAR GROVE ST.

VS 150

64130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. 64130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 5-26-48 — 6-14-48
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie L. Hewlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: Henry T. Hewlett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1868

8. AGE: Years 80 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Daniel Beaver
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N.C.

16 (a) Informant Azile Troup (Daughter)
(b) Address 428 E. 28th St.

17 (a) Removal (b) Date thereof 6/15/48 (~~Burial, cremation,~~ or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Bellview
Location Wilmington N.C.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 15 1948 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1948, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1948 to 6-14 1948 and that I last saw h alive on 6-14 1948.

Immediate cause of death: Intestinal collapse + heart failure — generalized peritonitis — Duration 6-13-48

Due to: appendical abscess — 5-26-48

Due to: Ruptured appendix

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-27-48

Major findings of operation: Appendiceal abscess + generalized peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene A. Pettinelli M. D.
Address Maryland Emergency Date signed 6-14-48

X

G64131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula I Cook

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1864

8. AGE: Years 83 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (State, country, and state)

10. Usual Occupation Short Hooker Attend

11. Industry or business

FATHER
12. Name Robert Cook
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Olivia Shuck
15. Birthplace Baltimore Md

16 (a) Informant Father
(b) Address 534 Linden Ave

17. Disposition (b) Date thereof 6/13/48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Wilson & Ford
(b) Address 1217 N. Fulton Ave

19. (a) Date received by Registrar JUN 15 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6/48 19 to 6/13/48 19, and that I last saw her alive on 6/12/48 19

Immediate cause of death	Duration
Apoplexy	7 days
Due to Arterio-Sclerosis & Cardio-vascular disease	Long
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Leverhaub M.D.
Address 1901 Eutaw Place, City Date signed 6/13/48

VS 150

G64132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Hillsdale Rd.
(c) Hospital or institution:
Saint Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Hillsdale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida C. Lyons

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John T. Lyons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1870

8. AGE: Years 77 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Peter J. Carson
13. Birthplace Europe

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Baltimore County, Md.

16 (a) Informant Mildred V. Almony
(b) Address 3316 Westerwald Ave. 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Ellsworths Armacost
(b) Address 3911 Liberty Heights Ave.

19 (a) JUN 15 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1948 at M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1947 to 6-12 1948 and that I last saw h[illegible] alive on 6-12 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs
Due to Hypertension Cardiovascular Disease	10 yrs
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) THIS IS ABSURD
(e) Means of injury

23. Signature Thos. E. Abbott M. D.
Address 4509 Liberty Heights Ave Date signed 6-17-48

Thos. E. Abbott X

4133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V1310

Registered No. 064133

Type or write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 WALNUT Ave
(c) Hospital or institution: 2 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 WALNUT Ave (If rural give location)
(e) Citizen of foreign country? ~ (Yes or No)
If yes, name country

3 (a) FULL NAME: FRANK BLANCHARD JR.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 705-05-6341

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: BERTHA L. (NEE LAWYER)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1875

8. AGE: Years 72 | Months 5 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO., MD. (Town, county, and state)

10. Usual Occupation RETIRED STATIONERY CLERK

11. Industry or business B & O. R. R.

FATHER
12. Name FRANK BLANCHARD SR.
13. Birthplace KY.

MOTHER
14. Maiden Name ALICE OWENS
15. Birthplace CHRISTFIELD, MD.

16 (a) Informant MRS. BERTHA L. BLANCHARD
(b) Address 906 WALNUT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 16, '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO., MD.

18 (a) Funeral director WM. F. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1948, at 0-45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1918 to June 13 1948, and that I last saw h[illegible] alive on 6-13 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Cardio-vascular-renal disease	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ~
Major findings of operation: ~
of autopsy: ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~
(e) Means of injury ~

23. Signature H. W. Scheye M.D.
Address 3921 Edmondson Date signed 6/14

H. W. Scheye dr.

~~4134~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64134
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-3
(e) Length of stay in Baltimpre (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY P. WHEATLEY

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Harry D. Wheatley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1877

8. AGE: Years 70 | Months 5 | Days 22 | If less than one day: hr. 26 min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Patton
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Isabella Taylor
15. Birthplace: Balto.

16 (a) Informant: Mr. Frank W. Wheatley
(b) Address: 2332 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1948 to June 9 1948, and that I last saw her alive on June 9 1948.

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions
(include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Patterman, M. D.
Address 2424 Pennsylvania Ave. Date signed 6/17/48

X

G64135

BALTIMORE CITY HEALTH DEPARTMENT

JL -104724

CERTIFICATE OF DEATH 937

Registered No. G64135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City HOspitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Pleasant Talbot~~ PLEASANT SCOTT TALBOTT

3 (b) If veteran, name war: NINE

3 (c) Social Security Account No. 717-07-7917

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: LOUISE M. TALBOTT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1882

8. AGE: Years 66 | Months 4 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Md. Balto. County
(Town, county, and state)

10. Usual Occupation RETIRED - TELEGRAPH OPERATOR

11. Industry or business PENNA. R.R. Co.

FATHER
12. Name Pleasant S. Talbot
13. Birthplace Md. Balto. County

MOTHER
14. Maiden Name JULIENNE LENTZ
15. Birthplace Md.

16 (a) Informant ~~Bur. G. H. Records~~ MR. DONALD TALBOTT
(b) Address ~~4940 Eastern Ave.~~ 1910 LINDEN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory WIESBURG CEM.
Location Balto COUNTY, MD.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) [illegible] (Date received by Registrar) JUN 15 1948 Registrar

VS. 150

MEDICAL CERTIFICATION 11.50PM

20. DATE OF DEATH June 12 1948, at 11.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 19[illegible] to June 12 1948 and that I last saw h[illegible] alive on June 12 1948

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertensive Cardiovascular Disease	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. E. Lohmeyer Jr. M. D.
Address Balt. City Hosp. Date signed 6/15/48

X

1136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 66A136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 Harlem AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth McConner

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife: EDWARD M. CONNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 8, 1868

8. AGE:	Years	Months	Days	If less than one day
	79	9	5	hr. min.

9. Birthplace: BALTO. MD.
(Town, county, and state)
10. Usual Occupation: HOUSEWIFE
11. Industry or business

FATHER
12. Name: HENRY AUGUST HUNT
13. Birthplace: UNKNOWN GERMANY

MOTHER
14. Maiden Name: MARGARET WEIRICK
15. Birthplace: GA

16 (a) Informant: MR. LESTER B. CONNER (Son)
(b) Address: 1814 E. 30th ST

17 (a) BURIAL (b) Date thereof 6/16/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: WESTERN
Location: BALTO, MD.

18 (a) Funeral director: WM. J. TICKNER & SON
(b) Address: BALTO., MD.

19 JUN 15 1948 Huntington Williams, M.D.
(Date received by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 4:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Williams H. Kelbach M.D.
Medical Examiner.
Date signed June 13, 1948

664137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

664137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2840 Oakley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 Oakley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Huberman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tax Driver

11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Russia

MOTHER
14. Maiden Name Jennye
15. Birthplace Russia

16 (a) Informant Rose Huberman
(b) Address 2840 Oakley Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-15-48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Harmony Hill Rd

18 (a) Funeral director [illegible]
(b) Address 210 Eutaw St
Funeral for Williams, [illegible]

19 (a) JUN 15 1948 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-1948 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to June 14 1948.
and that I last saw h — alive on Jan 14 1949.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Dunn M. D.
Address 1761 E Mt St Date signed 6/15/48

VS 150

664138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 664138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 No Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 No Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph G. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years: 57 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Installment Business

11. Industry or business

FATHER
12. Name Myer
13. Birthplace Russia

MOTHER
14. Maiden Name Frada
15. Birthplace Russia

16 (a) Informant Bertha Harris
(b) Address 1511 No Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory
Location Har Sinai

18 (a) Funeral director Jack Lewis Inc
(b) Address 200 Eutaw Place

19 (a) JUN 17 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 June 1948, at 7:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm H Karmmerer M.D. (Medical Examiner.)
Date signed 17 June 1948

VS 151

X

G64139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 15 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Penhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barney D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1884

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Calman
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Barney D. Cohen
(b) Address 4001 Penhurst Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (month) (day) (year)
(c) Cemetery or crematory Sherri Tefloh
Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc.
(b) Address 2166 Eutaw Place

19 (a) (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-48 19 at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 19 48 to 6-14 19 48 and that I last saw h. E. R. alive on 6-14 19 48

Immediate cause of death Pulmonary Embolism ???

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Friedman M. D.
Address Sinai Hosp. Date signed 6-14-48

VS 150

111a

G64140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 72 S. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 72 S. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret S. Leidner

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John C. Leidner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1870

8. AGE: Years	Months	Days	If less than one day
77	9	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name John N. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Cleaopha Engle
15. Birthplace Germany

16 (a) Informant Mrs Cleo Baker
(b) Address 2144 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1700 W. Lombard St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 14th 1948, at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1948 to June 14 1948, and that I last saw her alive on June 13 1948

Immediate cause of death	Duration
coronary occlusion acute	24 hours
Due to arteriosclerotic heart disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Nathan Rosman
Address 206 E. Gilmor St Date signed 6-14-48 M. D.

X

664141 664141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Finney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Finney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 5 1876

8. AGE: Years: 71 Months: 10 Days: 2 If less than one day hr. min.

9. Birthplace: Hancock Va. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John
13. Birthplace: Va.

MOTHER
14. Maiden Name: Hannah
15. Birthplace: Va.

16 (a) Informant: George Finney
(b) Address: 1618 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1948 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location

18 (a) Funeral director: Mrs. Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) JUN 15 1948 (Date received by registrar) Huntingtor Williams, Mgr. Registrar

VR 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/48 1948 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1948 to 6/12 1948, and that I last saw [illegible] alive on 6/11 1948

Immediate cause of death: Arteriosclerotic Heart Disease — Duration 7

Due to

Due to

Other Conditions: Uremia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William Danner

Address: 253 George St. Date signed: 6/14/48 M.

X

64142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64142 ✓ 170c

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So
(c) Hospital or institution:
South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Severn, R.F.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Old Annapolis Road
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Helen Mc Cartney

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 214-26-1783

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 9, 1931

8. AGE: Years	Months	Days	If less than one day
17	1	4	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown -- McCartney
13. Birthplace Unknown

MOTHER
14. Maiden Name Ethel Campbell
15. Birthplace Wilmington, N.C.

16 (a) Informant Mrs. Carl J. Sears
(b) Address Odenton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 48 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey, Md. R.F.D.

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie, Md.

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 June 19 48 at 1 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured Liver & Spleen

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 13 June 48 at 1 P. M.
(b) Where did injury occur? Severn
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto Accident

23. Signature [illegible] M.D.
Medical Examiner
Date signed 13 June 48

G64143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. G64143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard N. Hidden

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-1025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Margaret Hidden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1881

8. AGE: Years	Months	Days	If less than one day
67	0	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Farmer-retired
11. Industry or business

FATHER
12. Name Reike R. Hidden
13. Birthplace ?

MOTHER
14. Maiden Name Katherine Agena
15. Birthplace ?

16 (a) Informant Arthur Seibert
(b) Address 4405 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.

19. (a) JUN 15 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948 19 , at 6 A.e M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 13 1948 and that I last saw him alive on June 11 19 48.

Immediate cause of death Duration
Myocardial failure - Chronic myocarditis June 1/45
Mitral + Aortic insufficiency
Due to arterio - sclerosis
Due to
Other Conditions Arteriosclerotic Psychosis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury KRUMEREIN
23. Signature Louis H. Krumerein M. D.
Address 212 No. Kenwood Date signed June 14 45.

VS 150

G64144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 E. Fairmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Kellermann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosie E. Kellermann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1878

8. AGE: Years	Months	Days	If less than one day
70	1	24	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Gas Co. retired
11. Industry or business

FATHER
12. Name: Gustav Kellermann
13. Birthplace: Germany

MOTHER
14. Maiden Name: --
15. Birthplace: --

16 (a) Informant: Howard L. Kellermann
(b) Address: 3408 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 16, 1948 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: Ullrich Funeral Home
(b) Address: 2008 Orleans St.,

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948 19 , at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 48 to 6/13 19 48, and that I last saw h[illegible] alive on 6/13 19 48.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. D. Gordon, M. D.
Address 1400 Eutaw St. Date signed 6/14/48

X

Med. Ex case G64145 G64145

Released to City Morgue
Returned for autopsy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1140 c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adele Looma Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-13-18

8. AGE: Years 29. Months 11 Days - If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name W. Looma
13. Birthplace Syria

MOTHER
14. Maiden Name Catherine Dodd
15. Birthplace Syria

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eutaw St

19 (a) (Date received by reg.) JUN 15 1948 (b) Interator Williams, Md

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948 at 8 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948 to June 13 1948 and that I last saw her alive on June 13 1948

Immediate cause of death Post Abortal Infection (B. Welchii)

Due to Self-induced abortion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Eastman / W. H. Kerr M. D.
Address JOHNS HOPKINS HOSPITAL Date signed
W. W. H. Kerr, Jr., M.D.
Howard T. Maddux, M.D.

G64146

BALTIMORE CITY HEALTH DEPARTMENT X 49a

CERTIFICATE OF DEATH

G64146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif (b) County
(c) City or town Hollywood (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Holly Ridge Drive (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Betty Boyd Pollock

3 (b) If veteran, name war —

3 (c) Social Security Account No. 562-07-1245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-10

8. AGE:	Years	Months	Days	If less than one day
	37	11	24	hr. min.

9. Birthplace Australia (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business

FATHER
12. Name Julian Boyd
13. Birthplace Australia

MOTHER
14. Maiden Name Mary Cane
15. Birthplace England

16 (a) Informant Records
(b) Address

17 (a) Cremation (b) Date thereof June 15, 1948 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Walter Burdette Bradley
(b) Address [redacted] Hollywood Ave. Balto.

19 (a) [illegible] (b) Huntington Williams, M.D.
(Date received by registrar) 1948 (Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 3 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1948 to 6-14 1948 and that I last saw h[illegible] alive on 6-14-1948

Immediate cause of death	Duration
Cardiac Failure	20 min.
Due to Carcinoma of Ovary & Generalized	6 mos.
Due to Metastases	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6/12/1948

Major findings of operation: Prefrontal Lobotomy

of autopsy: Can. of Ovary & Metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur B Ivy

Address JOHNS HOPKINS HOSPITAL Date signed 6/15/1948

G64147 G64147

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 48B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Rural Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Lowery Lovicki

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frank J Lovicki
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-28-1911
8. AGE: Years 36 Months 11 Days 16 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Redmund Lowery
13. Birthplace Maryland

MOTHER
14. Maiden Name Sara E. Putman
15. Birthplace Maryland

16 (a) Informant Mrs Frank J. Lovicki
(b) Address West Friendship Howard Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-48 (month) (day) (year)
(c) Cemetery or crematory Mount View Cem.
Location Howard Co. Md.

18 (a) Funeral director Harry Kerr
(b) Address Sykesville, Md.

19 (a) ... 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1948 to June 13 1948 and that I last saw her alive on June 13 1948

Immediate cause of death: Respiratory failure — Duration: 9 wks
Due to: Metastatic Ca of the skull & brain pressure
Due to: Ca of the uterus
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 5-29-48 Exploratory
Major findings of operation: Little seeding - only edema found
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Martin M.D.
Address Md. Gen. Hosp. Date signed 6-13-48 M. D.

X

VS 150

G64148 ✓ G64148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Madison & Howard.
(c) Hospital or institution:
Md. Gen. Hosp. 12
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 30 mins.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. Walbert Apts.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Meginley Buckingham.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 11, '84

8. AGE: Years 63 | Months 7 | Days 3 | If less than one day — hr. — min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Book-keeper.

11. Industry or business Miller Safe Co.

FATHER
12. Name Wm. A. Buckingham.
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Kate Neuman
15. Birthplace Balto.

16 (a) Informant Imilda B. Woollen.
(b) Address Wash. Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 '48 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cemy.
Location York Pa.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUN 15 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948, at 10.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3, 1947, to June 14, 1948, and that I last saw him alive on June 14, 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Immediate
Due to: Chronic Hypertension	Two Years
Due to: ~	
Other Conditions: ~	

(Include pregnancy within 3 months of death)

Date of operation: none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? ~ While at work? ~
(Specify type of place)
(d) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St. Date signed June 14, '48

X

64149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64149

~~CERTIFICATE CORRECTED~~ 1-8-53

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Mt Holly
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Mt. Holly St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Schoulder Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Wm J. Miller

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1870 1872

8. AGE: Years 75 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Brandon Vermont
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business SCHOULER

FATHER
12. Name Rev. Wm Schoulder
13. Birthplace Mass

MOTHER
14. Maiden Name Sophia B. Heaton
15. Birthplace Brooklyn N.Y.

16 (a) Informant Wm Hampton Miller
(b) Address 5361 Wesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Holly Cem.
Location W. Cort Mt.

18 (a) Funeral director Frank H. Neuffer
(b) Address Pikesville Md

19 (a) JUN 15 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 3 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1947 to 6/13 1948 and that I last saw h[illegible] alive on 6/12 1948

Immediate cause of death Cerebral hemorrhage — Duration 2 wks.

Due to Arteriosclerosis — 3

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Reitz

Address 340 E Windsor Ave Date signed 6/14/48 M. D.

VS 150

664150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

664150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves
(c) Hospital or institution:
St. Agnes Hospital 20th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Ashton Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Maude A. Owens

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John J.
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1902

8. AGE: Years 45 | Months 8 | Days 16 | If less than one day: hr. 15 min.

9. Birthplace Maryland Balto
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John E. Walters
13. Birthplace Balto Md

MOTHER
14. Maiden Name Loretta V. Lowe
15. Birthplace Balto Md

16 (a) Informant John J. Owens
(b) Address 255 Ashton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director B. M. Walters
(b) Address Pratt, Stricker & Huntington Williams, Mgrs.

JUN 15 1948 (Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1948 at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1948 to 6/14 1948, and that I last saw h[illegible] alive on 6/14 1948

Immediate cause of death	Duration
Generalized peritonitis	
Due to Perforated ileum	
Due to Strangulated incarcerated left inguinal hernia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy: peritonitis & perforated ileum

PHYSICIAN
Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Landau
Address St. Agnes Hosp Date signed 6/14/48

4151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64151

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2358 WILKINS AVE

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2358 WILKINS AVE

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME WILHELMINA R. KNELL

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph A. Knell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/81

8. AGE: Years 66 | Months 6 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER — 12. Name Andrew Miller

13. Birthplace Germany

MOTHER — 14. Maiden Name Pauline –

15. Birthplace Switzerland

16 (a) Informant Pauline P. Knell

(b) Address 2358 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location

18 (a) Funeral director Toff & B. M. Walker

(b) Address Pratt & Stricker Sts

19 JUN 15 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948 at 3 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to June 14 1948 and that I last saw h[illegible] alive on June 14 1948

Immediate cause of death Pulmonary Oedema

Cerebral Hemorrhage

Due to Hypertension.

Due to Myocardial Degeneration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Norman D. Kitch

Address 2151 Wilkins Ave Date signed M. 6/15/48 D.

VS 150

64152

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G64152

CERTIFICATE OF DEATH 137a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount Aves.
(c) Hospital or institution:
Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Jefferson St., extended
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mr. Clarence A. Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10, 1877

8. AGE: Years 70 | Months 10 | Days 3 | If less than one day 20 hr. 45 min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Railroader, retired

11. Industry or business

FATHER
12. Name John Johnston
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Patterson
15. Birthplace Pennsylvania

16 (a) Informant Frank Johnston
(b) Address Frederick - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-48 (month) (day) (year)
(c) Cemetery or crematory Connellsville Penna.
Location

18 (a) Funeral director C. E. Cline + Son
(b) Address Frederick - Md.

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 5:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1948, to June 14 1948, and that I last saw him alive on June 14 1948.

	Duration
Immediate cause of death: Cardiac failure	
preceded by respiratory failure	
Due to: Pulmonary atelectasis	48 hrs.
Due to:	
Other Conditions: Suspected prostatic wound	

(Include pregnancy within 3 months of death)

Date of operation 5-31-48

Major findings of operation: Enlarged prostate gland

of autopsy: Awaiting brief confirmation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Robert Haase, M.D.
Address Church Home + Hospital Date signed 6/14/48

VS 150

X

G64153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5433 Carrollton avenue (on bus)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Brune Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Harris

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/1888

8. AGE: Years 60 | Months 0 | Days 23 | If less than one day: hr. 14 min.

9. Birthplace Richmond County, Va.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Henry Glascoe
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Kent
15. Birthplace Va

16 (a) Informant Lucille Carter (Daug)
(b) Address 709 Brune St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Balto. County, Md

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 Carrollton Ave

19 (a) JUN 15 1948 (b) Pennington for Hillegas, M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, at 7 45 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D.
Medical Examiner.
Date signed 6.11.48

G64154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G64154

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1926

8. AGE: Years	Months	Days	If less than one day
21 yrs	6	6	hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation Typist

11. Industry or business

FATHER
12. Name Joseph Davis
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Helen Davis
15. Birthplace Columbia S.C.

16 (a) Informant Helen Davis (Mother)
(b) Address 504 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Balto. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave

19 JUN 15 1948 (Date rec'd by registrar) Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948 at 6 30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab-wounds of lungs, liver, spleen, kidney.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/13/48 approx. at 6 P.M.
(b) Where did injury occur? Druid Hill Park near Columbia
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO
(d) Means of injury Sharp instrument

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6/14/48

VS 181

64155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64155

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 8-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1446 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. McGowan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Olive P

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1883

8. AGE: Years: 65 Months: Days: If less than one day hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual Occupation: Apt. Operator

11. Industry or business

FATHER
12. Name: John McGowan
13. Birthplace: Ireland

MOTHER
14. Maiden Name:
15. Birthplace: Scotland

16 (a) Informant: Mrs. Olive McGowan
(b) Address: 1846 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16th 1948 (month) (day) (year)
(c) Cemetery ~~crematory~~ Balto
Location E. North Ave. Cat.

18 (a) Funeral director: Lee D. Cook
(b) Address: 1701-03 N. Patterson Park Ave

19 JUN 15 1948 (Date received by Registrar) (By) Twittington Williams Registrar

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14/1948, at 1:00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from; ~~natural causes~~ ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Chronic Congestion Heart Failure

Due to: A.S.C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 6-14-48

G64156 FUNderBURK ✓ G64156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
13-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Morris Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Funderburk

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 7-4-08

8. AGE: Years 39 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alex Talbert
13. Birthplace S.C.

MOTHER
14. Maiden name Martha Gainey
15. Birthplace S.C.

16 (a) Informant Clarence Funderburk
(b) Address 2200 Morris Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/48 (month) (day) (year)
(c) Cemetery or crematory Cheraw
Location Cheraw, S. Carolina

18 (a) Funeral director Kelly
(b) Address 3 Freedman Pl

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13-48, 19..., at 6:08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10-48, 19..., to 6-13, 1948, and that I last saw h[illegible] alive on 6-13 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 17 hrs.

Due to: Hypertension

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Stephen M. D.
JOHNS HOPKINS HOSPITAL
Address Date signed 6-14-48

X

157 J1- 120391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G64157

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20mins.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1565 Leslie St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1901

8. AGE: Years 48 ? | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. G. Kelsen
(b) Address 1303 Preastman St.

19 (a) JUN 15 1948 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 5.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1948, to June 12 1948, and that I last saw him alive on June 12 1948

Immediate cause of death: Bronchogenic carcinoma ?. of lung — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Robinson Jr M. D.
Address Baltimore Date signed 6/12/48

VS 130

G64158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

Registered No. G64158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 dys
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4252 Nicholas Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Schaefer (JOHN HARRY SCHAEFER)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-14-3978

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lottie Floyd

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Oct. 4. 1870

8. AGE: Years 77 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Henry Bishop & Co.

FATHER
12. Name Jacob Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Luttman
15. Birthplace Germany

16 (a) Informant Mr. Harry F. Schaefer (son)
(b) Address 4252 Nicholas Ave. -6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17. 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore Md.

19 JUN 15 1948 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1948, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1948 to 6-14 1948 and that I last saw h[illegible] alive on 6-14 1948

Immediate cause of death Respiratory failure — Duration

Due to Lobar pneumonia

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Carnage M. D.
Address 1213 Light St Date signed 6-14-48

VS 150

64159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 ✓

Registered No. G64159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-9
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 E. Lanvale St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Charles LEO BELZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife ROSALIA BELZ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 3 - 1879

8. AGE: Years	Months	Days	If less than one day
68	6	12 11	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation MAINTENANCE MAN
11. Industry or business CITY OF BALTO

FATHER
12. Name PETER BELZ
13. Birthplace GERMANY

MOTHER
14. Maiden Name SOPHIA KOHLERMAN
15. Birthplace GERMANY

16 (a) Informant JOSEPH F. BELZ
(b) Address 1108 E. LANVALE ST.

17 (a) BURIAL (b) Date thereof JUNE 17-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) JUN 15 1948 Huntington Williams M.D.
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 9 50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Artery Disease
Myocardial hypertrophy, dilatation,
Due to and degeneration.
Acute congestive cardiac
Other Conditions failure

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 6/17/48

VS 151

G64160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G64160

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. & Madison Ave
(c) Hospital or institution: MARYLAND GENERAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3336 ELMLEY AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. SHEA

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife GORDON S. SHEA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/05

8. AGE: Years	Months	Days	If less than one day
43	3	22	hr. min.

9. Birthplace SCOTLAND (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name JAMES MORROW
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name MARTHA WILLDRIDGE
15. Birthplace SCOTLAND

16 (a) Informant HUSBAND
(b) Address 3336 ELMLEY AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore, Philip Stewart Supt

18 (a) Funeral director Philip Stewart Supt
(b) Address 2024 Orleans St

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1948, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1948 to 6/15 1948, and that I last saw her alive on 6/15 1948.

Immediate cause of death CARDIAC FAILURE — Duration
Due to CACHEXIA
Due to METASTATIC CARCINOMA OF CERVIX
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 7/29/46
Major findings of operation: Squam. cell CA. OF CERVIX
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul G. Harold, M.D.
Address Md. Gen. Hosp. Date signed 6/16/48

VS 150

X

G64161

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64161

CERTIFICATE OF DEATH 42

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSP
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Lake Shore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Link

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	M.

6 (b) Name of husband or wife Carrie Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-81

8. AGE: Years	Months	Days	If less than one day
67	- 3	- 22	- hr. - min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name George C. Link Sr.
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Catherine Gavin
15. Birthplace Richmond Va

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1948 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Flynn-Fleming
(b) Address 1426 Light St

19 (a) JUN 15 1948 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13-48, 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9-48 to 6-13-1948
and that I last saw him alive on 6-13 1948.

Immediate cause of death
? Pneumonia
? Enteritis
Due to Cause undetermined
Trichinosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: a alive

Duration
3 wks.
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 14 June 48

VS 150

X

G64162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64162 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4511 Furley ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Furley ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V. Fantom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~.

6 (b) Name of husband ~~or wife~~ Wm H Fantom Sr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12-1864

8. AGE: Years 83 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Fredericksburg Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Cyrus B. White
13. Birthplace Va

MOTHER
14. Maiden Name ? Hobbs
15. Birthplace Va

16 (a) Informant Mrs Geo Fantom
(b) Address 4511 Furley Ave

17 (a) Burial (b) Date thereof June 16-48
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Jos J Herr & Son
(b) Address 3001 Kentucky ave

19 (a) JUN 15 1948 (b) Tuntington W Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to June 13 1948 and that I last saw her alive on June 12 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Cardio-Vascular Hypertensive Disease	9 years
Due to Arteriosclerosis	9 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1 W. Chesterfield Ave Date signed 6/15/48

VS 150

X

WINBUSH ✓

G64163

G64163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

4

3 (a) FULL NAME Lulie Mae Hinkwood

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Connie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1908

8. AGE: Years	Months	Days	If less than one day
940	6	17	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Borden
13. Birthplace Va.

MOTHER 14. Maiden Name Mary Frances
15. Birthplace Va.

16 (a) Informant Beatrice Terry
(b) Address 1836 E. Eager St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 16 48 (month) (day) (year)

(c) Cemetery or crematory
Location Blackstone Va.

18 (a) Funeral director Mrs. Ph. C. Edwards
(b) Address 1129 N. Carlton St.

19 (a) JUN 15 1948 (Date rec'd by registrar) (b) Thomas Washington Williams M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1948 to 6/13 1948 and that I last saw h[illegible] alive on 6/11 1948

Immediate cause of death	Duration
Carcinoma with Metastasis to spine (cervical region)	
Due to primary source unknown	
Due to probably lung.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation April 48

Major findings of operation: as above.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature RAYNER BROWNE, M. D. M. D.
Address 1500 EAST MADISON ST. Date signed 6-15-48
BALTIMORE 5, MD.

X

64164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
6 State Md (b) County
(c) City or town Fairfield Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 Brady Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1894

8. AGE: Years 53 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Charles County Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Swann
13. Birthplace Charles County Md.

MOTHER
14. Maiden Name Rachel Longfield
15. Birthplace Charles County Md.

16 (a) Informant Edward Ford
(b) Address 728 Brady ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/45 (month, day, year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md

18 (a) Funeral director Mrs Ruth G. Elliott & Dept
(b) Address 1129 N. Caroline St.

19 JUN 15 1945 (Date received by registrar) (b) Huntington Williams, Mgr.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1945, at 9:20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovasc

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Ralph C. Pulvirenti M.D.
Medical Examiner.
Date signed 6/13/45

937

64165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106B

Registered No. 64165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Kreson Ste
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Kreson Ste (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Adam M. R. Byrne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Anna (Heiss)

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 1st 1892

8. AGE: Years 55 Months 7 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Brownsville, Penna (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Keeskuttle Co.

FATHER 12. Name Adrian Byrne

13. Birthplace Penna

MOTHER 14. Maiden Name Penelia A. Day

15. Birthplace Penna

16 (a) Informant Mrs. Anna Byrne

(b) Address 15 N. Kreson Ste

17 (a) Cremation (b) Date thereof 6-15-48 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Rd.

18 (a) Funeral director John B. Connelly

(b) Address 418 Eastern Ave.

19 (a) JUN 15 1948 (Registered by) (year) (b) Hunter Town Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-48 19 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10-48 19 to 6-11-48 19, and that I last saw h[illegible] alive on 6-11-48 19.

	Duration
Immediate cause of death: Acute Cardiac Insufficiency	48 hours
Due to: Chronic Bronchitis	
Chronic Pulmonary	7 years
Due to: Emphysema	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Costantino M.D.

Address 234 Hopkins Date signed 6-15-48

G64166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 183

Registered No. G64166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Sarasota (If outside city or town limits, write RURAL and give town)
(d) Street No. P. O. Box #789 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Davis (Harry Gordon Haigley)

3 (b) If veteran, name war

3 (c) Social Security Account No. 264-40-7824

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1898

8. AGE: Years: 50 | Months: 3 | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Handy man

11. Industry or business

FATHER
12. Name Milton C. Davis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mollie E. Fairall
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Eva D. VonDreele
(b) Address 423 Wingates Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo. C. Meyer Jr.
(b) Address 1512 Hollins St.

19 (a) JUN 15 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948 at 8:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were PROBABLE

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-12-48 at ? 23/3 P. M.
(b) Where did injury occur? Hanover & Cromwell Streets
(c) Did injury occur at home, on farm, industrial place, in public place? PUBLIC While at work? NO
(d) Means of injury Drowning

23. Signature Edw. L. Frye M.D. (Medical Examiner)
Date signed 6/15/49

VS 151

X

64167 BALTIMORE CITY HEALTH DEPARTMENT X V G64167

CERTIFICATE OF DEATH 134a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Terre Haute (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Chestnut St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET ALICE PATRICK

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Patrick
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr) Feb. 22, 1901

8. AGE: Years 47 | Months 3 | Days 24 23 | If less than one day hr. min.

9. Birthplace Phila, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Cassaday
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Coyle
15 Birthplace Ireland

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory
Location Terre Haute - Indiana

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North Ave - City -
(a) JUN 15 19[illegible] Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 48, at 1:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 19 48 to June 15 19 48 and that I last saw h er alive on June 15 19 48

Immediate cause of death Coronary sclerosis — Duration Unknown

Due to Myocardial infarction — Under 2 wks.

Due to Postoperative state, right nephrectomy for renal calculus — 11 days

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M.D.
Address Clinical Director Date signed 6/15/48

X

84168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 46E

G64168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore #25 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 13th Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	widowed

6 (b) Name of ~~husband~~ or wife Amanda Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1868

8. AGE: Years	Months	Days	If less than one day
79	11	13	hr. min.

9. Birthplace Finland (Town, county and state)
10. Usual Occupation Retired Steel Worker
11. Industry or business American Steel & Wire Co

FATHER
12. Name J. Johnson
13. Birthplace Finland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Hilma Hoffman
(b) Address 4 13th Ave. Balt. #25

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory Monongahela Cem.
Location Braddock, Penn.

18 (a) Funeral director Milton Schilling
(b) Address 3914 Hanover St

19 JUN 15 1948 Huntington Williamsport, Md. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1948 to June 15 1948 and that I last saw him alive on June 15 1948.

Immediate cause of death Cardiac Failure — Duration

Due to — Duration

Due to — Duration

Other Conditions Complete obstruction of descending colon due to Carcinoma of Colon with Secondary Liver

(Include pregnancy within 3 months of death)

Date of operation June 14, 1948

Major findings of operation: Complete obstruction of descending colon due to Carcinoma of Colon with Secondary Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. G. Martin M. D.
Address Md. Gen. Hosp. Date signed 6/15/48 M.D.

VS 150

64169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G64169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 213 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3 (a) FULL NAME Lillian Butler

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4 Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/1/1889

8. AGE: Years 58 | Months 5 | Days 8 | If less than one day, hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Calvin D. Wright

13. Birthplace Tappahannock, Va

MOTHER 14. Maiden Name Mary Edgerton

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Hattie A. Butler

(b) Address 713 N. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/48 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk

Location Baltimore Co. Md

18 (a) Funeral director Mrs. Wm. A. Stallard

(b) Address 1601 Druid Hill Ave.

19 (a) JUN 16 1948 (Date received by local registrar) (b) Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1948, at 11:32 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1948 to 6/13 1948, and that I last saw alive on 6/13 1948.

Immediate cause of death: Hypertensive Cardio Vascular-Renal

Due to: Heart Disease

Due to:

Other Conditions: Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Garner

Address 1514 Division St Date signed 6/15/48

VS 150

X

170 BC-4P-72120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G64170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) 8 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Kimble Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Bruce Ruppert

3 (b) If veteran, name war N.
3 (c) Social Security Account No. N.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1948

8. AGE: Years 0 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

MOTHER | FATHER
12. Name John Ruppert
13. Birthplace Baltimore MD
14. Maiden Name Lena Schmidt
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16/48 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

(Date rec'd by registrar) JUN 16 1948 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at 7 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948 to June 15 1948, and that I last saw h.r alive on June 14 1948.

Immediate cause of death Respiratory failure — Duration 8 days
Due to Atelectasis
Due to Premature birth of 8 month. (48h 10m)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth Moore M.D. M. D.
Address Church Home Hospital Date signed 6-15-48

X

4171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 6f4171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Speed

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-22-9182

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1906

8. AGE: Years	Months	Days	If less than one day
42	2	23	hr. min.

9. Birthplace Brunswick Co Va
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name William Malone
13. Birthplace Va

MOTHER
14. Maiden Name Vinia McDaniel
15. Birthplace Brunswick Co Va

16 (a) Informant Jessie Carver
(b) Address 1803 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Amer
Location A. A. Co Md

18 (a) Funeral director Gilbert E Williams

(b) Address 1515 McElderry St

19 JUN 16 1948 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
Did injury occur at home, on farm, industrial place, in public place? While at work?
(c) Means of injury

23. Signature Carl C Reyer M.D.
Medical Examiner.
Date signed 6-12-48

VS 151

641172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 5+B

G641172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town St. Michaels (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph S. W. Sellers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mary

6 (c) If alive, give age P years

7. Birth date of deceased (mo., day, yr.) 7-29-04

8. AGE: Years 43 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George E. Sellers
13. Birthplace Md.

MOTHER 14. Maiden Name Mary
15. Birthplace Md.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 18 1948 (month) (day) (year)
(c) Cemetery or crematory O'Linth
Location St Michaels

18 (a) Funeral director John O. Mitchell + Son
(b) Address

19 JUN 16 1948 (Date rec'd by registrar) Huntington for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15-48 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1948 to 6-15 1948, and that I last saw alive on 6-15 19

Immediate cause of death	Duration
Metastatic	
Due to Melanosarcoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Rt. Temporal melanoma and adenectomy, liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce Silver M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

64173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G64173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4602 Glenarm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4602 Glenarm Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CONRAD H. OVERSIDE

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-2703

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30th, 1875

8. AGE: Years	Months	Days	If less than one day
73	2	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Reitz
15. Birthplace Germany

16 (a) Informant Mrs. Frederick C. Franke
(b) Address 4602 Glenarm Ave.

17 (a) burial (b) Date thereof 6/17/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Lasnahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) JUN 16 1948 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 14th, 1948, at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18- 1948, to 6-14 1948, and that I last saw h[illegible] alive on 6-14 1948.

Immediate cause of death Cerebral thrombosis — Duration

Due to Hypertension & Chronic nephritis

Due to General arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Krumpeld M.D.
Address 5407 Belair Rd Date signed 6-15-48

VS 150

G64174 G64174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenmount Ave
(c) Hospital or institution: Univ. Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 Holland Ferry Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Carter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lillian Carter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1892

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Howard Co Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name William Carter
13. Birthplace Md

MOTHER
14. Maiden Name Marcia Fuller MARCH
15. Birthplace Md

16 (a) Informant Lillian Carter
(b) Address 2536 Holland Ferry Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem
Location Balto Co

18 (a) Funeral director Ada Halstead
(b) Address 918 Druid Hill ave

JUN 16 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1948 at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1948 to 6-14 1948 and that I last saw h[illegible] alive on 6-14 1948.

Immediate cause of death Cardiac failure — Duration

Due to Coronary Insufficiency

Due to Arteriosclerosis

Other Conditions Fibrosis the left lung
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard E. Hall M.D.

Address Univ. Hosp. Date signed 6/16/48

94a

G64175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G64175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 965 N Collington a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 965 N. Collington a (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie E. Smith

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Frederick Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 17, 1875
8. AGE: Years 73 Months 3 2 Days 27 If less than one day hr. min.
9. Birthplace Czecho Slavakia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Poverch
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Frederick Smith
(b) Address 965 N. Collington Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Baltimore Md

18 (a) Funeral director Frank Cracchiolo Son
(b) Address 900 N. Chester St

19 (a) 6 1948 (Date rec'd by registrar) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1948 at 1.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 13 1948 and that I last saw her alive on June 10 1948

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Auricular Fibrillation	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 220 E Madison St Date signed 6/14/48 M. D.

176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G64176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Dys
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 E. Monument St
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Emma Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Raymond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 58 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dallas Taylor
13. Birthplace Md

MOTHER
14. Maiden Name Aileen Monroe
15. Birthplace Md

16 (a) Informant George Chase
(b) Address 1713 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md

18 (a) Funeral director Joseph B. Lockard
(b) Address 1304 N. Central Ave

JUN 16 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 2:15 P M

21. I certify that I took charge of the remains described above, held an Insp. & Inq. (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of cervix

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Howard J. Haverkamp M.D.
Medical Examiner.
Date signed 6-14-48

X

1177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 664177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Sterling Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilson Myles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Johnnie

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 7-10-1878

8. AGE:	Years	Months	Days	If less than one day
69	70	11	1	hr. min.

9. Birthplace Greenville S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Myles
13. Birthplace S. C.

MOTHER
14. Maiden Name Sarah Maxwell
15. Birthplace S. C.

16 (a) Informant: Arthur J. Myles
(b) Address 1224 Chaplin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6th 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. D. Co. Md.

18 (a) Funeral director Byron Magnolia St. Wright
(b) Address 724 Cinquilla St.

(a) JUN 6 1948 (Date received by registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION 55

20. DATE OF DEATH June 11 1948, at 7 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Includes pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 6/12/48

X

G64178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 937

G64178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1786 Brookhurst Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Dunn

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.: ?

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1891

8. AGE: Years 56 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Dunn
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Fink
15. Birthplace Md.

16 (a) Informant Frederick W. Dunn
(b) Address 2242 Edgewater Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/1948 (month) (day) (year)
(c) Cemetery or crematory sacred Heart Cem.
Location German Hill Road

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe Street 31

19 (a) (b) Huntington Williams, M.D. Registrar
(Date received by registrar) 16 1948

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 12:30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion
Arteriosclerotic cardiovascular disease
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed June 15, 1948

G64179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G64179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Lehigh St.
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Estonia

3 (a) FULL NAME ANTON SAARMAA

3 (b) If veteran, name war

3 (c) Social Security Account No. 108-18-8742

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Wid.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1887

8. AGE: Years 60 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Estonia (Town, county, and state)

10. Usual Occupation 2nd Asst. Eng.

11. Industry or business Seafarer

12. Name Priidik Saarmaa

13. Birthplace Estonia

14. Maiden Name Lena Rosengoff

15. Birthplace Estonia

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Caroline St.

(a) Funeral director Dwight L. Riggel

(b) Address 312 S. Highland Ave.

(c) 1948 rec'd by (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to June 10 1948, and that I last saw h im alive on June 10 1948

Immediate cause of death	Duration
Lobar pneumonia, left lower lobe, unresolved	4½ wks.
Due to	
Due to	
Other Conditions Mild arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon
Address Clinical Director Date signed 6/15/48

VS 150

X

G64180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Levindale 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BETTY FREUDENTHAL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1863

8. AGE: Years	Months	Days	If less than one day
About 85			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Baron Freudenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Rebecca Rosenblatt
15. Birthplace Germany.

16 (a) Informant Mrs. Sol Katland
(b) Address Marlborough & Ash.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harry Sonneborn Son
(b) Address 902 Eutaw Place

19 6 16 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16 1948, at 1:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1947 to 6-16 1948
and that I last saw her alive on 6-16 1948

Immediate cause of death Cerebral thrombosis — Duration
Due to arteriosclerosis
Due to
Other Conditions Chron. cardio vascular disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nagel M. D.
Address Levindale Home Date signed 6-16-48

VS 150

83B

G64181 BALTIMORE CITY HEALTH DEPARTMENT G64181
CERTIFICATE OF DEATH 137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway • Fairmount Ave
(c) Hospital or institution:
Church Home • Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 Purlington Way
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur R. German

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith M. GERMAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept 30 1873

8. AGE: Years 74 | Months 8 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, MD.
(Town, county, and state)

10. Usual Occupation (Retired) Past Pres

11. Industry or business BALTO. LIFE INS. CO.

FATHER
12. Name Jerome German
13. Birthplace unknown.

MOTHER
14. Maiden Name CATHERIN Mattingly
15. Birthplace Baltimore, MD.

16 (a) Informant Mrs. Edith M. GERMAN
(b) Address 5205 PURLINGTON Way

17 (a) BURIAL (b) Date thereof 6/18/48
Burial, cremation, or removal (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location BALTO. Co. MD.

18 (a) Funeral director Wm. T. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) Date 6 1948 (Signature of registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948 at 12 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1948, to June 15 1948, and that I last saw him alive on June 14 1948.

	Duration
Immediate cause of death Cardiac failure	
Due to Dilatation + Hypertrophy of Heart	2 days
Due to old myocardial infarct	
Other Conditions Purulent cystitis Benign prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation May 9, 1948

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kirk Moore M.D.
M. D.
Address Church Home • Hosp. Date signed 6-15-48

VS 150

G64182

48-07088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 157 H

G64182

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Dunford Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Krebs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 MAR

8. AGE: Years | Months 2 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

12. Name David A. Krebs
13. Birthplace Pa.
14. Maiden Name Lillian Griffith
15 Birthplace W. Va.

16 (a) Informant University Hosp. Records
(b) Address Redwood & Green Sts

17 (a) Removal (b) Date thereof 6/16/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory —
Location Shippensburg, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) 6 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16-48 19 ; at 1 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-48 19 to 6-16-48 19, and that I last saw h[illegible] alive on 6-16-48 19

Immediate cause of death	Duration
Cardiac failure	
Due to Possible intraperitoneal hemorrhage	
Due to Polycystic disease of kidneys	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Endometritis + Endosalpingitis

of autopsy: Chronic [illegible] Pyelitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John White M. D.

Address Univ. Hosp. Date signed 6-16-48

X

G64183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58E

Registered No. G64183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 2
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Freda M. Monroe Styles ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-21-1932

8. AGE: Years 16 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Loyd Styles
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Seona Monroe
15. Birthplace Baltimore Md

16 (a) Informant Seona Styles
(b) Address 1418 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bloodly Ave

6-16-1948 (b) by registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1948, to 6/13 1948, and that I last saw h[illegible] alive on 6/13 1948

Immediate cause of death: Acute Pancreatitis + Conjestion — Duration 2 W.

Due to: Acute Pancreatitis Fever

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ellis L. Lefond M.D.

Address 612 N. Broadway Date signed 6/16/48

VS 150

X

OC-C 55789
G64184

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64184
CERTIFICATE OF DEATH 78B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016- Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph McGowan ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3 1946

8. AGE: Years 1 | Months 9 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name James McGowan
13. Birthplace S.C.
14. Maiden Name Lula Evans
15. Birthplace S.C.

16 (a) Informant James McGowan
(b) Address 1016- Linden Ave.

17 (a) Burial (b) Date thereof 6/17/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918- Druid Hill Ave.

6-16-1948 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-48 19 ..., at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19... to 6-14 19 48, and that I last saw h.i.m alive on 6-14 19 48.

Immediate cause of death	Duration
(a) Respiratory failure	
Due to (b) cerebral edema	
Due to (c) heart encephalopathy	over
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John White M. D.
Address Univ. Hosp. Date signed 6-14-48

X

Dr. Friedman
1319 Light St.

G64185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 East 28th Street
(c) Hospital or institution:

12-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 East 28th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Harry Wilbert Alban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1874

8. AGE: Years 73 | Months 11 10 | Days 17 | If less than one day hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Retired Eng. P.R.R.

11. Industry or business

FATHER
12. Name: Eli Alban
13. Birthplace: Md.

MOTHER
14. Maiden Name: Elizabeth Bull
15. Birthplace: Md.

16 (a) Informant: Mrs. Mary L. Alban
(b) Address: 441 East 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Baltimore, Md.

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road #14

JUN 16 1948 (Date rec'd by registrar) (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1948 at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9/ 19 48 to 6/15/ 19 48, and that I last saw h[illegible] alive on 6/14 19 48.

Immediate cause of death: Arteriosclerotic Heart Disease.

Due to:

Due to:

Other Conditions: Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. P. Friedman

Address 1319 Light St. Date signed 6/15/48 M.D.

VS 150

Dr. Grossfeld G64186 ✓ G64186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5604 Green hill Avenue
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5604 Greenhill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa C. Canuel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Edmond J. Canuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1900

8. AGE: Years 48 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Fall River, Mass. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

MOTHER - FATHER

12. Name Noe Chevrier
13. Birthplace Canada

14. Maiden Name Alida Pothier
15. Birthplace Canada

16 (a) Informant Miss Jacqueline Canuel
(b) Address 5604 Greenhill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemre
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road, #14

19 (a) 6 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1948 to 6-13 1948; and that I last saw h[illegible] alive on 6-13 1948.

Immediate cause of death	Duration
Metastatic Carcinoma	
Due to & Liver + Mesentery	
Due to (Primary Breast)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-17-48

Major findings of operation: Ca of Liver & Mesentery

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Grossfeld

Address 5416 Belair Rd Date signed 6-14-48

X

G64187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 139B

G64187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Rd. near Joppa Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Helen K. Butt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Butt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/09

8. AGE: Years	Months	Days	If less than one day
38	6	2	? hr. ? min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

MOTHER / FATHER
12. Name Carl Nasemann
13. Birthplace Germany
14. Maiden Name ✓
15 Birthplace ✓

16 (a) Informant Mrs. John J. Butt
(b) Address Belair Rd nr. Joppa
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto
18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.
19 (a) (b) Huntington Williams, Registrar
JUN 18 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 10 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1948 to June 14 1948, and that I last saw her alive on June 14 1948.

Immediate cause of death	Duration
Post-operative shock	7 hours
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 14, 1948
Major findings of operation: Uterine hemorrhage
of autopsy: June 14, 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter B. Sanger, M.D. M. D.
Address Bon Secours Hospital Date signed 6/14/48.

VS 150

X

Dr. Hensen
20 E. Preston St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH - 13B

✓ G64188
Registered No. G64188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5629 Ready Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5629 Ready Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Boschert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Adam J. Boschert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4. 1868

8. AGE:	Years	Months	Days	If less than one day
	80	4	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Guncelman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Groscup
15. Birthplace Germany

16 (a) Informant Miss Margaret Boschert
(b) Address 5629 Ready Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) 6 16 1948 (Date rec'd by registrar) (b) Thurlington for Woodlawn, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1948 at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946, to June 16 1948, and that I last saw h[illegible] alive on June 15 1948.

Immediate cause of death	Duration
Myocarditis	Years
Due to Arterio-sclerosis generalized	Years
Due to	
Other Conditions Pulmonary Tuberculosis chronic	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 20 E. Preston St. Date signed 6/16/48

VS 150

93D

64189

BC-48-12256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

Registered No. 64189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Green
(c) Hospital or institution: University Hosp. 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Division (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Baby Boy Brown

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Date of death (mo., day, yr.) 6/9/48

8. AGE: Years | Months | Days 1/2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Quitman Brown.

13. Birthplace Lynchburg Va.

14. Maiden Name Lillian Buntan

15. Birthplace Lynchburg, Va

16. Informant Lillian Brown.

17. Address 1424 Division #17

18. (a) Burial, cremation, or removal (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Dugdale

Location University Medical School JUN 14 1948

(d) Funeral director Baby Commissioner of Health

(e) Address

19. (a) JUN 16 1948 (b) Hunting for Baltimore Md

(Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1948, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948 to June 10 1948, and that I last saw him alive on June 10 1948

Immediate cause of death Cerebral Anoxia

Due to Respiratory failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L Leigh M. D.

Address University Hosp. Date signed 6/10/48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 64190

BIRTH NO. 48-12253

1. NAME OF DECEASED (Type or Print) BABY GIRL MACK

2. DATE OF DEATH 6/8/48

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL

C. Length of stay in Baltimore: Yrs. / Mos. / Days 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) REISTERSTOWN
D. STREET ADDRESS (If rural, give location) NEW AVENUE

5. SEX F | 6. COLOR OR RACE NEGRO | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH 6/8/48 | 9. AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hours: Hours 16, Min. 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — | 10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME MORRIS PHILMORE MACK

14. MOTHER'S MAIDEN NAME MARY GLENN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. —

17. INFORMANT MOTHER | ADDRESS SAME

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) FETAL ANOXIA — INTERVAL BETWEEN ONSET AND DEATH 17h

DUE TO

(B) PLACENTA PREVIA (MATERNAL)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) + PREMATURITY (2155 gm)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II | 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. | 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/8/48 19 to 6/8/48 19, that (I) (we) last saw the deceased alive on 6/8/48 19, and that death occurred at 6:10 P m., from the causes and on the date stated above.

23A. SIGNATURE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐ M.D. D. Waltreide | 23B. ADDRESS Thurmont Hospital | 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE 6-14-48 | 24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL | 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR 6-16-48 | REGISTRAR'S SIGNATURE Huntington Williams M.D. | 25. FUNERAL DIRECTOR Huntington Williams M.D. | ADDRESS

VS 150

64191

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64191

CERTIFICATE OF DEATH 46H

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address K/K 101 W. 39th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 MO. 11days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County TOLBOT
(c) City or town RURAL, EASTON (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country NONE

3 (a) FULL NAME ARMOR REESIDE

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6. (b) Name of husband or wife MARY CHILDS
(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) AUG. 4, 1875

8. AGE: Years 72 | Months 10 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace COLUMBIA, PENNA. (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business PROP. (RETAIL DENTAL SUPPLY)

FATHER
12. Name DENNISON REESIDE
13. Birthplace PHILADELPHIA, PENNA.

MOTHER
14. Maiden Name CHELLIE ARMOR
15. Birthplace COLUMBIA, PENNA.

16 (a) Informant JOHN E. REESIDE
(b) Address 7EAST CEDAR LANE, BETHESDA, MD.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 16 1948 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Oak Hill
Location Washington, D.C.

18 (a) Funeral director S. H. Hines Company
(b) Address 2901-14th St., Washington, D.C.

19 (a) JUN 17 1948 (Registered by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1948 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 29 May 1948, to June 16 1948, and that I last saw h[illegible] alive on June 16 1948.

Immediate cause of death Sarcoma - (retro - peritoneal)
Due to —
Due to ✓
Other Conditions Arterio-sclerosis with hypertension
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no at — M
(c) Where did injury occur? no — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no — (Specify type of place) While at work? —
(e) Means of injury none

23. Signature D. Corbin Streett M. D.
Address 712 Park Ave - Date signed June 16 1948

X

664192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

664192 Registered No.

94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution [illegible] City (Yes)
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTONINA TINA KAPINOS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1891

8. AGE: Years 57 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Wojciech Korytko
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Baran
15. Birthplace Poland

16 (a) Informant Michael Kapinos
(b) Address 24 S Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/98
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

JUN 17 1948 (Date rec'd by registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/98 19 ; at 3 A.M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 6/15/98

VS 151

G64193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64193
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Thomas Fitzgerald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~:
male	white	Widowed

6 (b) Name of ~~husband or~~ wife Alverta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14th 1889

8. AGE: Years	Months	Days	If less than one day
59	4	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business National Brewing Co.

FATHER
12. Name Martin Fitzgerald
13. Birthplace Hartford Conn.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Martin P. Fitzgerald
(b) Address 2105 Dukeland St.

17 (a) Burial (b) Date thereof 6/19/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 17 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948 at 2 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion
Arteriosclerotic cardio-
Due to vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: -
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed 6-16-48

VS 151

G64194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125B

G64194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 254 Garrett Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William (La Tourneau ~~La Tourneau~~ (~~La Tourneau~~))

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8874

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Dec 27 1894

8. AGE: Years 53 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Maintenance Man

11. Industry or business Continental Can Co

FATHER 12. Name John Le Tourneau

13. Birthplace Md.

MOTHER 14. Maiden Name Fanny Turner

15. Birthplace Anna Le Tourneau (Owner) (~~La Tourneau~~)

16 (a) Informant (~~Owner~~) (~~La Tourneau~~)

(b) Address 2546 Garrett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director William Cook Inc

(b) Address 12 [illegible] Pratt St

19 (a) JUN 17 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16 1948 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5-48 1948 to 6-16 1948, and that I last saw h[illegible] alive on 6-16 1948.

Immediate cause of death Hepatic insufficiency — Duration 1 month

Due to Hepatitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Arde M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 16 June 48

VS 190 Clears to Holy Redeemer. X

G64195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caton & Wilkes Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1wk.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Seton Institute - 6420 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Schroen (John Aloysius Schroen)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 4, 1877

8. AGE: Years 71 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired

MOTHER'S FAMILY NAME
12. Name John Schroen
13. Birthplace Bavaria - Germany
14. Maiden Name Eva Dickas
15. Birthplace Bavaria - Germany

16 (a) Informant Mrs. Anthonia S. Tribbe (Sister)
(b) Address 622 S. Warwick Rd - Balto - 29 - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Ave. City

19 JUN 17 1948 (Date Rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1948 at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1948 to 6/16 1948 and that I last saw h/M. alive on 6/16 1948.

Immediate cause of death	Duration
Heart Failure	
Due to Arteriosclerotic cardio Vascular Disease	
Due to Diabetes Mellitus	
Other Conditions Schizophrenia, manic type	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C. Hamill M. D.
Address St Agnes Hosp Date signed 16 June 48

64196 BALTIMORE CITY HEALTH DEPARTMENT 64196
CERTIFICATE OF DEATH 927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4533 Pimlico Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4533 Pimlico Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Kopelnick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Eddie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob

13. Birthplace Russia

MOTHER 14. Maiden Name Ada

15. Birthplace Russia

16 (a) Informant Ada R. Kopelnick

(b) Address 4533 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)

(c) Cemetery or crematory

Location Herzew Mt. Carmel

18 (a) Funeral director Fuck Lewis Inc

(b) Address 710 Eutaw Place

19 (a) JUN 17 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1948 at 615 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1948 to 6/16 1948 and that I last saw h[illegible] alive on 6/16 1948.

Immediate cause of death Pernicious Anemia

Due to Combined Cord Degeneration

Due to Valvular Heart Disease

Other Conditions Final cause of death = Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 yrs 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Morrison

Address 11 E. Chase St Date signed 6/17/48

VS 150

64197 C8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 ✓

Registered No. 64197

GM. 118606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Ruskin Ave. 2nd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Tannebaum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8- 1887

8. AGE: Years	Months	Days	If less than one day
61	2	8	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hamen Tannebaum
13. Birthplace Germany

MOTHER
14. Maiden Name Lena
15. Birthplace Germany

16 (a) Informant Records Balto. City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6-18-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Herring Run

18 (a) Funeral director Jack Lewy Inc
(b) Address 2100 Eutaw Place

1948 JY 7 1948 (b) Huntington Hilligus Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1948, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4- 1 -1948 to 6- 16 -1948, and that I last saw h im alive on 6- 16 -1948

Immediate cause of death

	Duration
Pulmonary Edema	2 months
Due to Arteriosclerotic Heart Dis	two yrs.
Due to	
Other Conditions ? Subacute Bacterial Endocarditis	weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp Date signed 6-16-48

X

G64198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G64198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4224 Parkside Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4224 Parkside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT ALEXANDER WALPER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-07-9225

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marie G. Gerhard

6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1881

8. AGE: Years: 66 | Months: 7 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Pattern Shop

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: John Walper
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Krause
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Marie G. Walper (Wife)
(b) Address: 4224 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1948 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: Baltimore Md. Williams, Mt Huntington

19 JUN 17 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1948, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1947 to 16 June 1948, and that I last saw him alive on 14 June 1948

Immediate cause of death: Metastatic Carcinoma — Duration: 4 mos.

Due to: Adeno Carcinoma of Stomach, Two — Duration: 1 yr.

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation: 5 Feb. 1947

Major findings of operation: Adeno Carcinoma of Stomach

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C Osborne M.D.

Address 5602 Harford Rd Date signed 16 June 48

Osborne X

VS 150

G64199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 1118 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Duvall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 6-15-00

8. AGE: Years 48 47 | Months - | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER: 12. Name Joseph Duvall
13. Birthplace Md

MOTHER: 14. Maiden Name Annie Owens
15. Birthplace Md

16 (a) Informant: Helen Duvall
(b) Address 1118 Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. Co. Md

18 (a) Funeral director Johns Hopkins Hospital Undertaking Dept
(b) Address 142 Wolfe St

19 (a) Date received by local registrar JUN 17 1948 (b) Tuntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16-1948 at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1948 to 6-16 1948 and that I last saw him alive on 6-16 1948

Immediate cause of death Resp. failure — Duration

Due to Lung Metastases

Due to ? Cancer

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Grant M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6/16/48

VS 150

64200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Mallowhill Rd Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carr H. Knapp

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married.

6 (b) Name of husband or wife Rena C Knapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1891

8. AGE: Years	Months	Days	If less than one day
56 ~~yrs~~	5	15	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Book Keeper
11. Industry or business Office Work

FATHER
12. Name Henry Knapp.
13. Birthplace Germany.

MOTHER
14. Maiden Name Dorothy Weber
15. Birthplace Maryland.

16 (a) Informant John Edw Knapp.
(b) Address 3112 Harrison St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director Edw S Mayhoff
(b) Address Catonsville Md.

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at 12 35 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐; undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary thrombosis
Due to Acute congestive cardiac failure
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed June 15, 1948

VS 191

X

64201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 E. Read. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs. 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E. Read Street Balto 2 Md
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine A. McCann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1889

8. AGE: Years 58 | Months 10 | Days 5 | If less than one day — hr. — min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Private Family

MOTHER'S MAIDEN NAME

12. Name Mary McCann

13. Birthplace Lorraine, Md.

FATHER

14. Maiden Name Mary McCoy

15. Birthplace Baltimore

16 (a) Informant Deceased on admission

(b) Address Bayview Receiving Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (month, day, year)

(c) Cemetery or crematory Green Mount

Location Baltimore Md

18 (a) Funeral director Fulton Cole Jones

(b) Address 2196 Eutaw St

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1929 to June 15 1948 and that I last saw her alive on May 31 1948.

Immediate cause of death Cerebral hemorrhage — Duration months

Due to Arteriosclerotic Cardiovascular Disease (400-530) — June 1937

Due to:

Other Conditions Diabetes mellitus — Several years

OSTEO-ARTHRITIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Chas. Chas. Jandel M. D.

Address 227 Woodbourne Road Date signed 6/17/48
Apple 18, Md

VS 150

G64202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 ✓

Registered No. G64202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 162 East St.
(c) Hospital or institution:
5-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 162 East St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Cole

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1878

8. AGE: Years 70 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Claiborne Cole
13. Birthplace Virginia

MOTHER
14. Maiden Name Sydnie Lee
15. Birthplace Virginia

16 (a) Informant Alfred Cleare
(b) Address 624 Pitcher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Thos. Law. H. Hulland
(b) Address 1654 Druid Hill Ave

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1948 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19__, to __ 19__, and that I last saw h— alive on — 19__.

Immediate cause of death: Supposed arteriosclerosis — Heart - Insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation /

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature K. Traugott
Address E. N. Avenue Date signed 6/18/48 M.D.

VS 150

Attended before by Dr. H. R. Johnson X

G64203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64203

1. PLACE OF DEATH: Sinai Hosptial
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day ...hr. ...min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Sexton
11. Industry or business

FATHER
12. Name: Bernard Miller
13. Birthplace: Russia

MOTHER
14. Maiden Name: Matilda ?
15 Birthplace: Russia

16 (a) Informant: Meyer Miller
(b) Address: 1515 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosedale Cem
Location: Hamilton Ave Rosedale
18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave
19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Maryland Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1948, at 12:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1948 to 6-17 1948 and that I last saw him alive on 6-17 1948

Immediate cause of death: Resp. Failure — Duration:
Due to:
Due to: Cerebral Hemorrhage
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: A. Friedman M. D.
Address: Sinai Hosp Date signed 6-18-48

664204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 664204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 N. Regester St.
(c) Hospital or institution:

8 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Regester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Archie R. Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Nellie A. Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1880

8. AGE: Years	Months	Days	If less than one day
67	5	16	hr. min.

9. Birthplace Westminster Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Samuel Miller
13. Birthplace Westminster Md.

MOTHER
14. Maiden Name Violet Caples
15. Birthplace Westminster Md.

16 (a) Informant Mrs. Ed. Bromwell
(b) Address 1708 N. Regester St.

17 (a) Burial (b) Date thereof 6 18 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Rose St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUN 17 1948 (b) Huntington Williams, M.D.
(Must be filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1948, at 8 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29/48 19 to 6/16/48 19, and that I last saw him alive on 6/15/ 1948.

Immediate cause of death: Hypertensive Heart Disease — Duration: 2
Due to: Chronic Nephritis — 2
Due to: — ?
Other Conditions: Ca Uma
(Include pregnancy within 3 months of death).

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature May Bauer M. D.
Address 1501 W. Milton Ave Date signed 6/17/48

VS 150

X 1

G64205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 DIVISION ST
(c) Hospital or institution: PROVIDENT HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Madison ave (If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country NONE

3 (a) FULL NAME Lillie MAE [redacted] BENTLEY

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1882

8. AGE: Years 66 | Months 2 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Benjamin Kelley
13. Birthplace md

MOTHER
14. Maiden Name Virginia Bruce
15. Birthplace md

16 (a) Informant Dorothy Fowler
(b) Address 2508 madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 | 19 | 48 (month) (day) (year)
(c) Cemetery or crematory Simpsonville
Location Simpsonville, md

18 (a) Funeral director Leo H. Nelson
(b) Address 1300 Pennsylvania ave

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1948, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1948, to 6/15 1948, and that I last saw h[illegible] alive on 6/15 1948.

Immediate cause of death: Diabetes Mellitus & Acidosis — Duration: ?
Due to:
Due to:
Other Conditions: Hypertension C-V-Renal Disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Carnes M.D.
Address 1514 Durham St Date signed 6/15/48

X

G64206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. Ware St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 11 E. Ware St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ethel Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Winfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/1904

8. AGE: Years 44 | Months 3 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Easton, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Dan Sullivan

13. Birthplace Md

MOTHER 14. Maiden Name Alice

15. Birthplace Md

16. (a) Informant Winfield Dorsey

(b) Address 11 E. Ware St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)

(c) Cemetery or crematory Sparks

Location Sparks, Md

18 (a) Funeral director Wm. A. G. Nelson

(b) Address 1303 Pennsylvania Ave

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. **DATE OF DEATH** June 15 19 48 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 48 to June 15 19 48 and that I last saw h— alive on June 1 19 48.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul O Jolson M. D.

Address 2329 Guilford Ave Date signed June 17 1948

G61207 BALTIMORE CITY HEALTH DEPARTMENT ✓ G61207

E.J.A. 120253 CERTIFICATE OF DEATH 93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 May St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: C.

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Willie Banks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1883

8. AGE: Years 65 | Months 7 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Monroe Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Md.

16. (a) Informant Record Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Brooklyn, Md.

18 (a) Funeral director Elroy B. Watson
(b) Address 1000 Berthby ave.

19 (a) ..... (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 19 48, at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19..., and that I last saw h... alive on ..... 19...

Immediate cause of death	Duration
Subarachnoid Hemorrhage	4 days
Due to Hypertensive Heart	yrs
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Robinson Jr. M. D.
Address Balt. City Hosp. Date signed 6/13/48

Filed 1948 Washington Williams, M.D.

G64208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mahlie Sadler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife "
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 10-1871

8. AGE: Years 70 | Months 5 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business "

12. Name of Father Jacob Sadler
13. Birthplace Maryland
14. Maiden Name of Mother Mary C. Dorsett
15. Birthplace Maryland

16 (a) Informant Mary Arrington
(b) Address 1835 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. Md.

18 (a) Funeral director P. B. Wisbert & Son
(b) Address 1300 Eutaw Place

19 (a) ... (Date) by registrar (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1948 at 1-A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 6/16 1948 and that I last saw h[illegible] alive on 6/16 1948.

Immediate cause of death: Acute cardiac dilation — Duration 6 hrs
Due to: Chronic myocarditis
Due to: Hypertension — 5 yrs.
Other Conditions: Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Fuhrman
Address [illegible] Date signed 6/16/48

— 6 —

064209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 064209

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Jasper Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Gibbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1932

8. AGE: Years 15 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Joseph Gibbs
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Mae Emory
15. Birthplace Balto. Md.

16 (a) Informant Ella Mae Dorsey
(b) Address 610 Jasper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Date received by local registrar (b) Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at 6.50 p. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry (Autopsy, Inspection or Inquiry), find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15-48 at 4.25 P. M. 25/3
(b) Where did injury occur? Wayne Pond, nr. Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury drowning

23. Signature Howard J. Mueller M.D. (Medical Examiner.)
Date signed June 16, 1948

VS 191

64210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

64210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Sarah Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Sarah Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lelia Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1875

8. AGE: Years	Months	Days	If less than one day
72 73	10	8	hr. min.

9. Birthplace St. Marys County, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Clara Mitchell.
(b) Address 1029 Sarah Ann St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1948. (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St
19 (Date rec'd by registrar) JUN 17 1948 Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1948, at 3:00 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 6/14 1948, and that I last saw h[illegible] alive on 6/9 1948

Immediate cause of death: Hypertensive C-V Renal Disease & Failure — Duration: 17 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Buxton Grant M.D.
Address 1914 Division Date signed 6/15/48

X

G64211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94B

Registered No. G64211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Glengyle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-20
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Glengyle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmund Wiley

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith Wiley
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) 6/18/1880

8. AGE: Years 67 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Maintenance

11. Industry or business

FATHER 12. Name Edmund Wiley
13. Birthplace Sweden

MOTHER 14. Maiden Name Jane Z. Handley
15. Birthplace England

16 (a) Informant Edith Wiley
(b) Address 3804 Glengyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/48 (month) (day) (year)
(c) Cemetery or crematory Antioch
Location Kleist station Md

18 (a) Funeral director Frank H. Neuse
(b) Address Pikesville, Md

19 (a) Filed (Date received by registrar) JUN 19 1948 (b) Lemington for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1948, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1930, to 6-15-1948, and that I last saw h/M alive on 6-14-1948

Immediate cause of death: Angina Pectoris — Duration 8 yrs
Due to: Hypertension
Due to: Arteriosclerosis
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature James L. Saffell
Address — Date signed 6-17-48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. 661212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland 28
(c) Hospital or institution:
West Baltimore Gen. Hospital 5-28-48
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5310 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Kuntz (Clara Elizabeth Kuntz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nicholas Kuntz

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1887

8. AGE: Years 60 | Months 7 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name James Fickel
13. Birthplace Pa.

MOTHER
14. Maiden Name Nancy Noah
15. Birthplace Pa.

16 (a) Informant James H. Kuntz
(b) Address 5310 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Balto Co. Md.

18 (a) Funeral director Ellis Lamborn
(b) Address 410 Liberty Heights Ave

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1948, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1948, to 6-15 1948, and that I last saw h[illegible] alive on 6-14 1948.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions Arteriosclerosis
Acute Heart Failure
(Include pregnancy within 3 months of death)

Date of operation 6-12-48

Major findings of operation: Diaphragmatic Hernia

of autopsy: Coronary Occlusion, Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Shull Jr. M. D.
Address W.B.G.H. Date signed 6/16/48

VS 150

X

64213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G64213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Lorman Ct.
(c) Hospital or institution:
15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Lorman Ct.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM DAVIS STEWART

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Angela Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1902

8. AGE: Years	Months	Days	If less than one day
46	3	6	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)
10. Usual Occupation Bell-Man
11. Industry or business Maryland Club

12. Name Willis Stewart
13. Birthplace Maryland
14. Maiden Name Mary Davis
15 Birthplace Maryland

16 (a) Informant Mrs. Angela Stewart
(b) Address 1618 Lorman Ct.

17 (a) Burial (b) Date thereof June 19, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland
18 (a) Funeral director Charles R. Law
(b) Address 802 Madison Avenue

AUG 17 1948 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1948 at 9:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1948 to June 15 1948.
and that I last saw h[illegible] alive on June 13 1948.

Immediate cause of death	Duration
Carcinoma	
of Oesophagus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: under care Johns Hopkins
of autopsy Since Feb. 2 - 48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1224 Eutaw Pl Date signed 6/16/48

VS 150

GG4214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. GG4214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 S Charles St
(c) Hospital or institution: 23

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 S Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Slagel.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6110E

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: (or Retirement) Lula M Slagel

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1874

8. AGE: Years 73 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county and state)

10. Usual Occupation Retired Gen Laborer.

11. Industry or business Gen. Govt. Q.

FATHER
12. Name Andrew J Slagel
13. Birthplace Md.

MOTHER
14. Maiden Name Anna (?)
15. Birthplace Md.

16 (a) Informant Mrs Lula M Slagel (Wife)
(b) Address 1604 S Charles St Balto 30 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 48 (month) (day) (year)

(c) Cemetery or crematory Westlawn Mem.
Location Balto Md

18 (a) Funeral director P Howard Evans
(b) Address 1400 S. Charles St Balto 30 Md

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington for William M. Hamilton Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Tues June 15 1948 at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1948 to Jun 15 1948.
and that I last saw h[illegible] alive on June 15 1948.

Immediate cause of death: Edema of Lungs — Duration: 4 Days
Due to: Cerebral Hemorrhage — 6 hrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. Campbell M. D.
Address 644 Hanover St Date signed 6/16/48

G64215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 13a

G64215 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2428 Lauretta Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Angelo Morgano

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8150

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Santina Morgano
6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Dec 1-1894

8. AGE: Years 53 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Joseph Morgano
13. Birthplace Italy

MOTHER 14. Maiden Name Carmela Greco
15. Birthplace Italy

16 (a) Informant Santina Morgano
(b) Address 2428 Lauretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Charles P. Towell
(b) Address 2427 Edmondson Ave

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1948, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948 to June 16 1948, and that I last saw him alive on June 14 1948.

Immediate cause of death	Duration
Pulmonary edema	2 weeks
Due to Uremia & hypertensive heart disease	1 yr.
Due to Nephrolithiasis & pyelonephritis, bilateral.	20 yrs.
Other Conditions Anemia	1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry F. Mansfield M. D.
Address 101 St. Paul St. Date signed June 16

VS 3

X

64216 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64216

CERTIFICATE OF DEATH 128

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT & SARATOGA STS.
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County -
(c) City or town NEW YORK CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 E. 137th ST. (If rural give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country

3 (a) FULL NAME JESUS LOPEZ

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife [illegible] LOPEZ
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) FEB 5, 1908

8. AGE: Years 40 | Months 4 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace PUERTO RICO (Town, county, and state)
10. Usual Occupation SEAMAN (COOK)
11. Industry or business U.S. MERCHANT MARINE

FATHER
12. Name SANTOS LOPEZ
13. Birthplace PUERTO RICO

MOTHER
14. Maiden Name HERMINIA SANABRIA
15. Birthplace PUERTO RICO

16 (a) Informant [illegible] ORTIZ FUNERAL HOME
(b) Address [illegible] 649 PROSPECT BKLYN, N.Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-48 (month) (day) (year)
(c) Cemetery or crematory
Location New York N. Y.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address Baltimore Md

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
Recorded JUN 17 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 JUNE 1948 at 2 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 MAY 1948 to 16 JUNE 1948 and that I last saw him alive on 16 JUNE 1948.

Immediate cause of death	Duration
Acute fulminating Peritonitis	28 DAYS
Due to Acute Pancreatitis	28 DAYS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 19 MAY 1948
Major findings of operation: ACUTE PANCREATITIS
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Michael L. DeVincentis, M.D.
Address Mercy Hospital Date signed 16 June 48

X

64217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Aves.
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Griffith Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John R. Given

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.: ?

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie L.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 11/19/1893

8. **AGE:** Years 54 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Mould maker
11. Industry or business Steel

MOTHER / FATHER
12. Name Thomas Given
13. Birthplace Pennsylvania
14. Maiden Name Isabel Hardy
15. Birthplace Scotland

16 (a) Informant Mrs. Marie Given
(b) Address 1923 Griffith Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave + Fayette St

JUN 17 1948 (Date rec'd by registrar)

Huntington William Raymond

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 6/16 1948 at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1948 to 6/16 1948 and that I last saw him alive on 6/16 1948

Immediate cause of death	Duration
Anemia + Hypertensive CVD	
Due to Arteriolar nephrosclerosis	
Due to	
Other Conditions Possible subacute nephritis	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: nephrosclerotic kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Lenicka
Address St. Agnes Hospital Date signed 6/18/48

VS 153

G64218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G64218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Overhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Mae Kirkbride

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	divorced

6 (b) Name of husband or wife Joseph L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23-1894

8. AGE: Years	Months	Days	If less than one day
54	4	23	hr. min.

9. Birthplace Columbia Penn. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name George E. Stape
13. Birthplace Penn

MOTHER
14. Maiden Name Susie E. Farringer
15. Birthplace Penn

16 (a) Informant Joseph L. Kirkbride
(b) Address 892 Adair Ave Atlanta Ga.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory Mellinger
Location Lancaster, Pa

18 (a) Funeral director Leonard J. Luck
(b) Address 5200 Harford Rd.

19 (a) JUN 17 1948 (Date rec'd by registrar) (b) Waterways for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1948, at 7:10 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carbon Monoxide Poisoning

Due to Illuminating Gas

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/15/48 ? P M.
(b) Where did injury occur? 5208 Overhill Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Illuminating gas poisoning (gas pressure too low)

23. Signature Wm. H. Ramsner M.D. Medical Examiner.
Date signed 16 June 1948

VS 151

G64219

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64219

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Clintwood Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Harris
3 (b) If veteran, name war
3 (c) Social Security Account No. 170-10-7191

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Margaret Harris
6 (c) If dead, give age years
7. Birth date of deceased (mo., day, yr) 6-30-880
8. AGE: Years 67 | Months 11 | Days 16 | If less than one day hr. min.
9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Stainless Fabricator Inc

FATHER
12. Name Alexander Harris
13. Birthplace England

MOTHER
14. Maiden Name Mary Ann ?
15 Birthplace England

16 (a) Informant Margaret Harris
(b) Address 814 Clintwood Court 25

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Bar. Ritchie Highway
18 (a) Funeral director Wm. Stone Schilling
(b) Address 3914 Hanover St
19 (a) (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 6/16 1948. and that I last saw h[illegible] alive on 6/16 1948.

Immediate cause of death Myocardial Infarction — Duration 4 days
Due to Arteriosclerosis of coronary Thrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature David Grob M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 16 June 48

4220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 664220

1109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 90 days
(e) Length of stay in Baltimore (yrs., mos., or days) 90 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Race St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: NORMAN ABRAHAM JARRETT

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 214-12-5723

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie Hurley Jarrett

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1891

8. AGE: Years 56 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace: Elliotts, Md.
(Town, county, and state)

10. Usual Occupation: Watchman

11. Industry or business: Seafarer

12. Name: Abell Jarrett

13. Birthplace: Va.

14. Maiden Name: Anna Green

15. Birthplace: Elliotts, Md.

16 (a) Informant: Records

16 (b) Address: US Marine Hospital

17. (a) Burial, cremation, or removal: Funeral (b) Date thereof 6/19/48 (month) (day) (year)

(c) Cemetery or crematory: Elliott Md
Location: Cambridge Md

(a) Funeral director: Williams Cook Inc

(b) Address: 1214 Cond St

JN 18 1948 (b) Date rec'd by registrar: Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18 1948 to June 16 1948, and that I last saw him alive on June 16, 1948.

Immediate cause of death	Duration
Pneumococcic Bacteremia	one week
Due to: pneumonia, Lobular, Bilateral, Terminal	
Due to: Chronic, emphysema, Rt.	several weeks
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Sidney Krohn

Address: U.S. Marine Hospital, Baltimore, Maryland Date signed 6/15/48 M.D.

X

1221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 661221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hosp 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town 2130 W. North Ave. Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME ~~Simon Selden~~ Samuel Selden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 5, 1885

8. AGE: Years	Months	Days	If less than one day
63		12	..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Gershon Selden
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Harry G. Selden
(b) Address 703 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location German Hill Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

JUN 18 1948 (Date rec'd by registrar) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury.....

23. Signature Earl K Ryan M.D.
Medical Examiner.
Date signed 6-16-48

VS 151

4222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 561

G64222
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5002 QUEENSBURY AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 QUEENSBURY AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MORRIS H. HERTZBACH

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace LONDON, ENGLAND
(Town, county, and state)

10. Usual Occupation MERCHANT

11. Industry or business

FATHER
12. Name ISAAC HERTZBACH
13. Birthplace FINLAND

MOTHER
14. Maiden Name ANNA LEAH
15. Birthplace RUSSIA

16 (a) Informant IDA HERTZBACH
(b) Address 5002 QUEENSBURY AVE

17 (a) BURIAL (b) Date thereof 6-18-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HEBREW YOUNG MEN
Location WINDSOR MILL Rd.

18 (a) Funeral director Jack Lauris Inc
(b) Address 2100 Eutaw Pl.

19 JUN 18 1948 (b) Huntington Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1948, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to June 17 1948. and that I last saw him alive on June 17 1948.

Immediate cause of death Inoperable Brain tumor posterior fossa.

Duration 5 yrs.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation Feb 24, 1948

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton E. Lorman M.D.

Address 4943 Park Heights Ave Date signed 6/16/48

64223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. 64223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor. - John & LAFAYETTE STS.
(c) Hospital or institution:
HOSPITAL FOR THE WOMEN OF MARYLAND
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 LOYOLA SOUTHWAY
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ROSA ABERMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED.

6 (b) Name of husband or wife JOSEPH ABERMAN
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) SEPT (DAY UNKNOWN), 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	9	?		

9. Birthplace RUSSIA
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name (UNKNOWN). - PASOLSKY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace RUSSIA

16 (a) Informant HELENE A BERMAN
(b) Address 2523 LOYOLA SOUTHWAY

17 (a) BURIAL (b) Date thereof 6-18-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory UNITED HEBREW
Location WASHINGTON BLVD

18 (a) Funeral director Jack Levin Inc
(b) Address 2100 Eutaw Pl.

19 JUN 18 1948 Huntington Williams Hall
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 17 1948, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 14 1948 to JUNE 17 1948, and that I last saw h.c.a. alive on JUNE 17 1948.

Immediate cause of death	Duration
PULMONARY EDEMA	
Due to CARDIAC DECOMPENSATION	1 MONTH
Due to ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	NOT KNOWN
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address K.W.M. Date signed 6-17-48

VS 150

X

64324 ✓ 64324

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 137B

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave
(c) Hospital or institution: West Balto General Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3334 Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Apple
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mayer
13. Birthplace Russia

MOTHER
14. Maiden Name Shapa
15. Birthplace Russia

16 (a) Informant Mrs. Lena Apple
(b) Address 5425 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-48 (month) (day) (year)
(c) Cemetery or crematory Pleasant View Mem. Park
Location Windsor Mill Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 2400 Eutaw Place

19 JUN 18 1948 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1948, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to June 17 1948, and that I last saw him alive on June 17 1948.

Immediate cause of death: Undetermined, pat. died suddenly during transurethral resection — Duration

Due to

Due to

Other Conditions Hypertensive arteriosclerotic heart dis (Include pregnancy within 3 months of death)

Date of operation June 17, 48

Major findings of operation: Hydronephrosis of bladder neck

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Goldstein M. D.
Address W.B.G.H. Date signed 6/19/48

X

VS 150

225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G64225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 North Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Zweyer SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/6/1880

8. AGE: Years	Months	Days	If less than one day
68	1	8	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant MR. JOHN F. ZWEYER JR (SON)
(b) Address 8202 Long Point Rd - 22

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Balto, MD

18 (a) Funeral director Wm F. Tucker & Son
(b) Address Balto, MD

19 (a) JUN 18 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 4.26 P.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D. Medical Examiner.
Date signed June 15, 1948

X

64226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

64226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 S PACA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 S. PACA ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE H ARNOLD

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-6691

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife CHARLOTTE ARNOLD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY-22 1885

8. AGE: Years 62 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation MAINTENANCE MAN

11. Industry or business EMPIRE LAUNDRY

FATHER
12. Name RICHARD ARNOLD
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELLA- ?
15. Birthplace GERMANY

16 (a) Informant CHARLOTTE ARNOLD
(b) Address 1002 S PACA ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E West St

19 (a) JUN 18 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1947 to 6-17 1948 and that I last saw h[illegible] alive on 6-17 1948

Immediate cause of death Coronary Thrombosis — Duration 1 da

Due to Coronary Disease — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd G Lawrence M. D.

Address 1634 Washington Blvd Date signed 6/18/48

VS 150

KAMM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 B

Registered No. 66227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Kamm

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age 70 yrs.

7. Birth date of deceased (mo., day, yr.) July 10 1877

8. AGE: Years 74 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Balto, Md (State or country, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Kamm
13. Birthplace Germany ?

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant Mrs Kathryn Kamm
(b) Address 2100 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 48 (month) (day) (year)
(c) Cemetery or crematory Dinsmore
Location Dulaney Valley

18 (a) Funeral director L. Hee Mc Ann & Son
(b) Address 6067 Harford Rd

19 JUN 18 1948 (Date received by registrar) (b) Huntington Williams Mgr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 19 48 to June 15 1948, and that I last saw him alive on June 15 19 48.

	Duration
Immediate cause of death: Acute Myocarditis, Interstitial.	4 days
Due to: Arteriosclerosis & Mitral Stenosis	2 yrs.
Due to:	
Other Conditions: Cerebral Hemorrhage & Partial Paralysis (Include pregnancy within 3 months of death)	M.S.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B. Dingwall M. D.
Address 613 E. North Ave Date signed 6-16-48

VS 150

228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G61228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Fremont
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Samuel Sanders

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-1891

8. AGE: Years	Months	Days	If less than one day
57	0	6	hr. min.

9. Birthplace Fla. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Wm. Sanders
13. Birthplace Fla.

MOTHER
14. Maiden Name Bella
15. Birthplace Fla.

16 (a) Informant Maggie Burns
(b) Address 816 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Charles G. Cotter
(b) Address 510-12 Cornelius Ave.

19 JUN 18 1948 Registered by Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1948, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1948 to 6/16 1948, and that I last saw h[illegible] alive on 6/13 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days

Due to: Hypertensive C-V Renal Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Preston Grant M.D.
Address 1514 Division Date signed 6/17/48

VS 150

X

229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

G64229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 E Fairmount
(c) ~~Hospital or institution~~

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL [redacted] OF DECEASED:
(a) [redacted] (b) County
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 E Fairmount (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm H Dwyer Wm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Dwyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 7 1889

8. AGE: Years 59 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Meat Packer

11. Industry or business

FATHER
12. Name Jno. Dwyer
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Myer
15 Birthplace Switzerland

16 (a) Informant Mrs. Dwyer
(b) Address 3227 Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Hornberger & Sons
(b) Address Benson Md

19 JUN 3 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1948, to June 14, 1948, and that I last saw him alive on June 14, 1948

Immediate cause of death	Duration
Carcinoma of the lungs with Metastasis	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert Antigani M.D.
Address 2942 E. Fayette St. Date signed 6/18/48

VS 150

X

1230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Lancaster Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Lancaster Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MICHALINA PAWLAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 15, 1872

8. AGE: Years 75 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Andrzej Pieczynski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Rozalia ----------
15. Birthplace: Poland

16 (a) Informant: Mrs. Rose Fisher
(b) Address: 417 S. Chapel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Mt. Carmel Road

18 (a) Funeral director: M. F. Sadowski & Sons
(b) Address: 1808 Eastern Avenue

19 JUN 18 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1948 to June 16 1948, and that I last saw h[illegible] alive on June 15 1948.

Immediate cause of death: General Arteriosclerosis — Chronic Myocarditis — Duration: 3 yrs / 3 hrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Walter J. Solomon, M.D.
Address: 129 S. Bevan Date signed: 6/17/48

1 X

G61231 Rozier ✓ G61231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Loman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Lorman

3 (a) FULL NAME Elija Rozier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31. 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	2	16		

9. Birthplace Baltimore County Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edwin Snell
13. Birthplace Baltimore Cnty Maryland

MOTHER
14. Maiden Name Isabell Johnson
15. Birthplace Baltimore County Maryland

16 (a) Informant Mamie Bibbs Jester
(b) Address 1821 Loman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18. 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A Locke
(b) Address 611 West Lane Street

19 (a) JUN 18 1948 (Date rec'd by registrar) (b) Huntington Wm (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1948, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to June 16 1948, and that I last saw h alive on June 16 1948.

Immediate cause of death: Cardio Vascular Renal Disease

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Jackson M.D.
Address 600 Washington Date signed 6/16/48

VS 150

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G642382 Registered No.

CERTIFICATE OF DEATH 74a

118896 E.J.A.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2115 Huntington Ave.~~ Stevenson Md.
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country

3 (a) FULL NAME William Charles Cox

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Mary C. Cox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1868

8. AGE: Years	Months	Days	If less than one day
80	4	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name William Cox.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Tarey or Sarah Tracey
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1948 (month) (day) (year)
(c) Cemetery or crematory Sts Marys
Location Hampden.

18 (a) Funeral director Paul E. Schemmel Jr.
(b) Address 3615-17 Chestnut Ave.

19 JUN 18 1948 (Date received by Local Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 19 48 at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13. 19 48 to June 17 19 48, and that I last saw h alive on 19

Immediate cause of death	Duration
Chronic Myelogenous Leukemia	
Due to	
Due to	
Other Conditions Benign Hypertrophy of Prostate, A.S.H.D. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Absent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy, Jr. M.D.
Address Baltimore City Hosp. Date signed 6-17-48

X

G4233 BALTIMORE CITY HEALTH DEPARTMENT ✓ G64233

BC-48-13965 CERTIFICATE OF DEATH 160a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Yorkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Dombrowski

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 17 48

8. AGE: Years | Months | Days | If less than one day: 5 hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business: None

12. Name of Father: Edward Dombrowski

13. Birthplace: Balto.

14. Maiden Name of Mother: Emma J. Magee

15. Birthplace: Balto.

16 (a) Informant: Father
(b) Address: 2919 York Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 48 (month) (day) (year)
(c) Cemetery or crematory: Schwartz's
Location: German Hill Rd.

18 (a) Funeral director: Dippel Bros
(b) Address: 1800 E. Lombard St

19 JUN 18 1948 (Date filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1948, at 9.26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17, 1948, to June 17, 1948, and that I last saw him alive on June 17, 1948.

Immediate cause of death: ? Cerebral hemorrhage — Duration:

Due to: Prolonged cerebral anoxia

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley H. Steinberg M. D.
Address Sinai Hospital Date signed June 17, 1948

VS 159

2234 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64234

CERTIFICATE OF DEATH 121

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore. Halthesa (If outside city or town limits, write RURAL and give name)
(d) Street No. 4125 Washington Blvd (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Louis C. Seipp "Louis C. Seipp

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha I. Seipp
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr) Aug. 4-1884

8. AGE: Years	Months	Days	If less than one day
63.	10	12.	— hr. — min.

9. Birthplace Baltimore - Md (Town, county, and state)
10. Usual Occupation Street Paver
11. Industry or business Balto. Transit. Co

FATHER
12. Name Henry Seipp
13. Birthplace Maryland

MOTHER
14. Maiden Name Cornelius ?
15. Birthplace Maryland.

16 (a) Informant Mrs. Bertha I. Seipp.
(b) Address 4125 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md

18 (a) Funeral director F. R. Wippert & Son
(b) Address 1800 Eutaw Place

19 (a) JUN 18 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1948 to 6/16 1948, and that I last saw h alive on 6/16 / 1948.

Immediate cause of death	Duration
Peripheral circulatory collapse	3 hrs.
Due to Adynamic ileus & peritonitis	7 days
Due to Ruptured Appendix	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 10, 1948
Major findings of operation: Ruptured Appendix & peritonitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frederick L. Hickel Jr.
Address Ben Lomond Hosp. Date signed 6/16/48.

VS 159

64235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G64235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2647 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Towson Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Geneva Davis
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): June 28-1880

8. AGE: Years: 67 | Months: 11 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Port Deposit - Md
(Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Hecht - Bros.

12. Name: Anthony S. Davis

13. Birthplace: Port - Deposit Md

14. Maiden Name: Katherine K. Towson

15. Birthplace: Rising Sun - Md

16 (a) Informant: Mrs. Geneva Davis

(b) Address: 2647 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-18-48 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore - Md

18 (a) Funeral director: F. B. Wippert & Son

(b) Address: 1300 Eutaw Place - B.

19 JUN 18 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15. 1948 at 10:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1948, to June 15, 1948, and that I last saw him alive on June 15, 1948.

Immediate cause of death	Duration
Splenomyelogenous Leukemia (Chronic Type)	About 4 months
Due to: Unknown.	
Due to: —	
Other Conditions: None.	

(Include pregnancy within 3 months of death)

Date of operation: None.

Major findings of operation: None

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: Frank H. Ogden. M. D.

Address 2701 N. Calvert St. Date signed June 18, 48.

VS 150

64236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution:
Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore 23
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 Vine St
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs William F. Sands

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Catherine M. Sands
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10-4-1905

8. AGE: Years 42 | Months 8 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business For Self

12. Name Edward Sands

13. Birthplace Baltimore, Md.

14. Maiden Name Mary O'Day

15 Birthplace Baltimore Md

16 (a) Informant Mrs Katherine M. Sands

(b) Address 1941 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location

18 (a) Funeral director John J. Cowan & Son

(b) Address 901-03 Pitcher St

(c) Date rec'd by (Registrar) 6 8 1948 (Funeraldirector Williams, Md) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1948, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1948 to 6-17 1948, and that I last saw h/ alive on 6-12 1948.

Immediate cause of death	Duration
Pulmonary edema &	
Due to Myocardial Scarring & Hypertension	
Due to from coronary occlusion & Valvular	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Pickens M. D.
Address Bon Secours Hosp Date signed 6-17

VS 150

X

G64237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G64237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Eden St
(c) Hospital or institution: 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Gardner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Pensola Fla. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace " "

14. Maiden Name Unknown

15. Birthplace " "

16 (a) Informant William J. Dean

(b) Address 417 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Brooklyn Md

18 (a) Funeral director Elroy B. Wilson

(b) Address 1007 Bluntly Ave

19 (a) JUN 18 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

6-15 **MEDICAL CERTIFICATION** 12 15

20. DATE OF DEATH June 15 1948, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1948 to June 15 1948, and that I last saw her alive on June 14 1948.

Immediate cause of death: Cerebral hemorrhage — Duration: Four Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. Garland Shinall, M. D.

Address 1534 Druid Hill Ave Date signed June 18, 1948

64238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1122a

Registered No. G64238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): Dead.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 Beale Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Douglas.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

6 (b) Name of husband or wife Laura Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1886

8. AGE: Years	Months	Days	If less than one day
61	8	7	hr. min.

9. Birthplace Accomac County, Virginia (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name George Douglas.
13. Birthplace Virginia

MOTHER
14. Maiden Name Artridge Hodnigs.
15. Birthplace Md.

16 (a) Informant Mrs. Cornelia Wharton
(b) Address 1322 Druid Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Wallace
(b) Address 322 N. Schroeder St.

19 (a) JUN 18 1948 (Date received by Registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1948 at 1 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Intestinal Obstruction
Due to Strangulated inguinal hernia

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Rogen M.D.
Medical Examiner.
Date signed

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64239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. C64239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 Washington Blrd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Washington Blrd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ignazio Rifici

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-28-5609

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~Husband~~ wife Frances Rifici

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1884

8. AGE: Years 63 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Messina Italy
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

12. Name Antonio Rifici

13. Birthplace Italy

14. Maiden Name Rose Ricciardi

15. Birthplace Italy

16 (a) Informant Frances Rifici (Wife)

(b) Address 646 Washington Blrd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/48 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ New Cathedral
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 322 S. High St.

19 (a) JUN 18 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Address

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948 to June 16 1948 and that I last saw him alive on June 16 1948.

Immediate cause of death Terminal Bronchopneumonia

	Duration
Due to Carcinoma of ascending Colon with metastasis to Liver.	10-12 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Pangle M.D. M. D.
Address 6 N. Wash. Blvd Date signed 6-17-48.

H. E. Pangle +

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64240

64240 467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 Wingate Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Wingate Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frank R. Peckman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Marjory Finley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 27, 1882

8. AGE: Years 65 | Months 6 | Days 21 | If less than one day 20 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Proprietor.
11. Industry or business Milk & Creamery Business

MOTHER | FATHER
12. Name Jacob D. Peckman
13. Birthplace Pa.
14. Maiden Name Sarah Stouffer
15. Birthplace Pa.

16 (a) Informant Mrs. Marjory F. Peckman
(b) Address 500 Wingate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery Evergreen
Location Gettysburg, Pa.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JUN 16 1948 (Date rec'd by Registrar) (b) Huntington Mitchell, Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17/46 to 6/15/48, and that I last saw h[illegible] alive on 15 June 1948

Immediate cause of death Heart failure
Carcinomatosis — Duration

Due to metastatic spread from Cancer of bowel

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation VI operations in 2 yrs 1946-1948

Major findings of operation: Carcinoma of recto-sigmoid

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas H. Stone M. D.

Address 2921 St. Paul St. Date signed

1241

G64241

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 125B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland (If outside city or town limits write RURAL and give town)
(d) Street No. R.F.D. Valley Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-16

8. AGE: Years 31 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Food business

FATHER

12. Name Thomas Morgan

13. Birthplace Md

MOTHER

14. Maiden Name Hazel Low ?

15. Birthplace

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 48 (month) (day) (year)

(c) Cemetery or crematory Allegany County

Location Frostburg Md

18 (a) Funeral director John T. Mitchell & Sons

(b) Address Cumberland Place

19 (a) (Date received by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1948, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1948, to 6-17 1948 and that I last saw deceased alive on 6-17 1948

Immediate cause of death Hepatitis — Duration 1½ weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Krob M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 18 June 48

VS 150

X

64242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G64242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 Blk. Light St.
(c) Hospital or institution: South Balto. Gen. Hosp. 3rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Central Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Arthur Gentry Jr.

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No. 214-12-9867

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Angelina Mancuso
6 (c) If alive, give age 24 years
7. Birth date of deceased (mo., day, yr.): April 23, 1923
8. AGE: Years 25 | Months 1 | Days 23 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business: Bethlehem Steel - Key Highway

FATHER
12. Name: Charles Arthur Gentry Jr.
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Margaret Carter
15. Birthplace: West York

16 (a) Informant: Mrs. Angelina Gentry
(b) Address: 127 S. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1948 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross Cemetery
Location: Patches Highway

18 (a) Funeral director: Pearce Funeral Home
(b) Address: 716 E. Chase St.

19 (a) JUN 18 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1948, at 1 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Broken neck (6th-7th cervical vertebrae)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-13-48 at Appx. 9 P.M.
(b) Where did injury occur? Rocke creek - Water Oak Point
(c) Did injury occur at home, on farm, industrial place, in public place? Creek While at work? no
(d) Means of injury Dived into shallow water

23. Signature: Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-16-48

64243

BALTIMORE CITY HEALTH DEPARTMENT

BC - 48-12368 CERTIFICATE OF DEATH ✓ 159

Registered No. G64243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 E. Preston Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Gilroy Schuler, Jr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1948

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Leonard Gilroy Schuler, Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Cecelia Mary Berger
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 6/19/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leo J. Rush
(b) Address 5205 Harford Rd.

19 JUN 18 1948 Registrar Wilmington, Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1948, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13- 1948 to 6-16-1948, and that I last saw him alive on 6-16- 1948.

Immediate cause of death: Respiratory Failure — Duration:
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony F. DiPaula M. D.
Address St. Joseph's Hosp. Date signed 6/17/48

Dr. E. G. Hall
1631 E. North Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 Gorsuch Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Gorsuch Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Elizabeth Westbrook

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Dr. H. Young Westbrook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1856

8. AGE: Years 91 | Months 8 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace: New York (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name ? Garrison
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant: Mrs. Wm. E. Tarr
(b) Address: 1430 Gorsuch Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road #14

19 (a) Date Rec'd by Registrar 6-19-1948 (b) Huntington Williams, Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1948 at 7-15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 17 1948.
And that I last saw her alive on June 15 1948.

Immediate cause of death	Duration
Edema Lungs	2 days
Due to: Chronic Myocarditis	5 yrs
Due to:	
Other Conditions Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Av Date signed June 17 48

64245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNY GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband Andrew Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14th 1872

8. AGE: Years	Months	Days	If less than one day
75	11	3	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Miss Elizabeth Green
(b) Address 1611 S. Charles St.

17 (a) Burial (b) Date thereof 6/21/48
(Burial, ~~cremation~~ or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St.

19 (a) JUN 18 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1948, at 1 35 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1947 to June 17 1948 and that I last saw her alive on 1 35 AM 1948

Immediate cause of death — Duration

AUTO HEMORRHAGE EDEMA

Due to MYELOSCLEROSIS

Due to HEART DISEASE

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stuart D. Gray M. D.
Address 201 E. 33rd St. Date signed June 18 1948

Stewart D. X SUNDAY

54246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G64246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S. Kenteish St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Kenteish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) FULL NAME Elizabeth Mowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Bertram
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/12/81

8. AGE: Years	Months	Days	If less than one day
67	-	4	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Joseph - Roman
13. Birthplace Germany
14. Maiden Name Agnes Butzler
15. Birthplace Germany
16 (a) Informant Marie Pohlhaus
(b) Address 1902 Snyder Ave
17 (a) Burial (b) Date thereof 6/19/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Glenmar Hill Rd
18 (a) Funeral director Lilly & Zeibach
(b) Address 403 S. Chapel St.
19 (a) JUN 19 1948 Huntington Williams
(Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16/ 1948, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6-48 19 to 6-16-48 19.
and that I last saw h[illegible] alive on 6-16-48 19.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John Costantini M.D.
Address 234 S. Conkling St Date signed 6-17-48

VS 153

X

64247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 186a

64247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secour Hosp ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. LANE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: — Lane
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) FEB. 11. 1885
8. AGE: Years 63 | Months 4 | Days 6 | If less than one day hr. min. ✓
9. Birthplace WASHINGTON, D.C. (Town, county, and state)
10. Usual Occupation MAINTENANCE MAN
11. Industry or business BONSECOUR HOSPITAL
12. Name DANIEL P. LANE
13. Birthplace IRELAND
14. Maiden Name NELLIE O'CONNELL
15. Birthplace IRELAND
16 (a) Informant DANIEL I. LANE
(b) Address 1462 Spring Road NW WASHINGTON, D.C.
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 19-1948 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location
18 (a) Funeral director Chas. Keenan Son Inc
(b) Address 118 N. Mt. Royal Ave
JUN 19 1948 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1948, at 8:00 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fractured skull; Intracranial hemorrhage.
Due to: Contusion of brain.
Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 17, 1948 at 1:30 P. M.
(b) Where did injury occur? Hollins & Carey sts
(c) Did injury occur at home, on farm, industrial place, in public place? Public street corner (While at work?) No
(d) Means of injury Fell to pavement

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 6/17/48

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

1248 BC-48-1280 CERTIFICATE OF DEATH 159 Registered No. 661248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave & Dukeland Sts
(c) Hospital or institution:
West Balto General 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Ste 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Warwick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Puller

3 (b) If veteran, name war- —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	wh.	

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/12/48

8. AGE: Years	Months	Days	If less than one day
		1da	5 hr. 26 min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Herbert Garland Puller Jr.
13. Birthplace Balto Md

MOTHER 14. Maiden Name Margaret Ann Stansill
15. Birthplace Balto Md

16 (a) Informant Mrs Herbert G Puller.
(b) Address 1708 Warwick Ave - 16

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 18 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 19 1948 (b) Huntington Williams M.D. Registrar

VS 150 6/19/48

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-48 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12-48 19 , to 6-12-48 19 , and that I last saw her alive on 6-12-48 .

Immediate cause of death	Duration
a.s.f. 1st to Jaundice	
Due to Prematurity	
Due to multiple congenital anomalies	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C S Waldrop M. D.
Address WB6A. Date signed 6-13-48

1249

BALTIMORE CITY HEALTH DEPARTMENT

48-12166 CERTIFICATE OF DEATH ✓159 Registered No. 664249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Burris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/11/48

8. AGE: Years | Months | Days 1 | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name George K. Burris

13. Birthplace MD.

14. Maiden Name Martha Martin

15. Birthplace MD.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUN 17 1948

18 (a) Funeral director Commissioner of Health

(b) Address

(Date rec'd by registrar) Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/48 19 ..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12/48 19 ... to 6/12/48 19 ..., and that I last saw h[illegible] alive on 6/12/48.

Immediate cause of death: Atelectasis right lung — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank C. Brumbach M. D.

Address University Hospital Date signed 6/12/48

4250 GM. 120241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 13B

Registered No. 664250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 321 - 20½ St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26- 1915

8. AGE: Years	Months	Days	If less than one day
32	6	19	hr. min.

9. Birthplace VA. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Harris
13. Birthplace VA.

MOTHER
14. Maiden Name Mary Brachett
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Shipped (b) Date thereof 6-18-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Norfolk
Location Norfolk Virginia

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 JUN 19 1948 (Date rec'd by registrar) (Signature) for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15-48 1948 8 .15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 7 - 1948 to 6- 15- 1948 and that I last saw h. in alive on 6-15 - 1948

Immediate cause of death	Duration
Tuberculosis	14 yrs. ?
Due to	
Due to	
Other Conditions Pneumonia	7

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Lee Jr. M. D.
Address Baltimore City Hosp. Date signed 6-16-48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125a

Registered No. 664251

664251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 North Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Lawson Townsel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE:	Years	Months	Days	If less than one day
	32			hr. min.

9. Birthplace North Ga
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George Townsel
13. Birthplace Fla.

MOTHER
14. Maiden Name Sillie B Taylor
15. Birthplace Ga

16 (a) Informant Ruth Bush
(b) Address 39 Fulton ave White Plains

17 (a) Burial (b) Date thereof June 8, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Valdosta
Location Georgia

18 (a) Funeral director Robert E Williams
(b) Address 15 15 McElderry St

19 (a) JUN 19 1948 Washington D.C.
(Date rec'd by registrar) (Registrar)

VS 151

MEDICAL CERTIFICATION 55

20. DATE OF DEATH June 14, 1948 at 9 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute interstitial pneumonia

Due to

Other Conditions Chronic glomerulo-nephritis & central necrosis of liver
(Include pregnancy within 3 months of death)

22. What external cause was primary ☐ or contributing ☐ cause of death? Fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Earl K Rose M.D.
Medical Examiner.
Date signed 6/17/48

108

G64252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. G64252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Smallwood Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 53 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Jones
15. Birthplace Md

16 (a) Informant Mabel Richardson
(b) Address Hanover, A.A.Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)

(c) Cemetery or crematory Leitersburg Md.
Location Leitersburg Md.

18 (a) Funeral director J. Elwood Koontz
(b) Address Keymar Md

JUN 19 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18-48 19.. at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 6/18 1948, and that I last saw h.M. alive on 6/18 1948.

Immediate cause of death: Intestinal Obstruction — Duration
due to pulmonary congestion following
appendicitis & appendectomy
Due to
Due to
Other Conditions Mild Uremia & dehydration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. B. Smith, Jr. M.D.
Address University Hospital Date signed 6/18/48

G64253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64253 Registered No.

131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3824 Beechler Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garvin L. Kauffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Thelma.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1891

8. AGE: Years 57 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Dispatcher

11. Industry or business B & O. R. R.

PARENTS

12. Name Joseph D Kauffman

13. Birthplace Pa

14. Maiden Name Mary

15. Birthplace Pa.

16 (a) Informant Mrs. Thelma R. Kauffman

(b) Address 3824 Beechler Ave

17 (a) Burial (b) Date thereof 6-19-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Lorenz Bros
(b) Address 500 N. Pork Boulevard Huntington Woodlawn, Md

JUN 19 1948
(Entered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1948 to 6/17 1948 and that I last saw h[illegible] alive on 6/17 1948.

Immediate cause of death Intraventricular Hemorrhage — Duration 3 hrs.

Due to Hypertensive Cardio-Vasc. Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy 6/17/48 - Intraventricular Hemorrhage

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles L. Carr M.D.

Address St Agnes Hosp Date signed 6/17/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 150

64254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

64254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 E 41st Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 E. 41st Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No. 198-12-1492

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Willemina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1878

8. AGE: Years	Months	Days	If less than one day
70	4	0	hr. min.

9. Birthplace Montgomery Ala
(Town, county, and state)

10. Usual Occupation Export Manager

11. Industry or business

12. Name John Randolph

13. Birthplace U.S.A.

14. Maiden Name Elizabeth A. Lewis

15. Birthplace U.S.A.

16 (a) Informant Mrs W Randolph

(b) Address 6 S. Wyoming Ave Ardmore Pa.

17 (a) Cremation (b) Date thereof 6/19/48
(Burial, cremation, or removal) (month) (day) (year)

(c) ~~Cemetery or crematory~~ Green Mount

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 19 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1948 at 3 20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary artery disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Earle Ryon M.D.
Medical Examiner

Date signed 6-17-48

VS 191

64255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G64255 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2631 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert E Brooks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~husband or~~ wife Florence Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16th 1859

8. AGE: Years 88 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

12. Name James Brooks

13. Birthplace Texas.

14. Maiden Name Mary Leggett

15 Birthplace Lynchburg Va.

16 (a) Informant Bertha Burton

(b) Address 231 Guilford Ave

17 (a) Cremation (b) Date thereof 6/21/48
(~~Burial~~, cremation, ~~or removal~~) (month) (day) (year)

(c) ~~Cemetery or~~ crematory Green Mount

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 217 St. Paul St.

19 (a) JUN 19 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 years 19, to 19, and that I last saw h~~im~~ alive on June 17 1948

Immediate cause of death Senility — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lee Green M. D.

Address 705 Med. Arts Date signed 6/18/48

64256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. G64256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 Kennedy Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Kennedy Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine T. Weil

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-03-3291

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 20, 1876

8. AGE: Years 71 | Months 6 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Retired

FATHER
12. Name Henry Weil
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Ann Black
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Clara Weil
(b) Address 2022 Kennedy Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director William Cook, Inc.,
(b) Address 1217 St. Paul Street

19 (a) JUN 19 1948 (Date rec'd by registrar) Huntington Ave.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948 to June 18 1948 and that I last saw her alive on June 17 1948

Immediate cause of death: Myocardial Insufficiency — Duration 4 days
Due to: Myocarditis — 1 year
Due to: Arteriosclerosis (General) — 4 yrs
Other Conditions: Paralysis Right Arm — 1 year

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Weil
Address 502 E 42nd St Date signed 6/19/48 M. D.

VS 150

64257 City

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1931

Registered No. 64257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital, 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1478 W. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARTLEY SLOAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1900

8. AGE: Years 47 | Months 8 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Denton, Caroline, Maryland (Town, county, and state)

10. Usual Occupation Day laborer

11. Industry or business

FATHER
12. Name William Sloan
13. Birthplace New Jersey

MOTHER
14. Maiden Name Sally Ariel Gittle
15. Birthplace Denton, Maryland

16 (a) Informant Mrs. Conrad Lane
(b) Address Denton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1948 (month) (day) (year)
(c) Cemetery or crematory Denton
Location Denton, Md.

18 (a) Funeral director J. U. Mason + Son
(b) Address Denton, Md.

JUN 19 1948 (Date rec'd by registrar) Registrar

VS 121

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/48 19..., at 5 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis Medical Examiner. M.D.
Date signed 6/14/48

G64258

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 159

Registered No. G64258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severna Beach (If outside city or town limits, write RURAL, and give town)
(d) Street No. Carrel Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Broyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-11-48

8. AGE: Years | Months | Days | If less than one day 19 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Broyles
13. Birthplace

MOTHER
14. Maiden Name Anna Doughoz
15 Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 JUN 19 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-48 10:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-1948 to 6-11-1948 and that I last saw h[illegible] alive on 6-11-1948

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Caughman Jr. M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-16-48

VS 150

X

G64259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hosp. 15 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Gwynn Falls Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Laura V. Tippett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1868

8. AGE: Years	Months	Days	If less than one day
80	5	—	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Joseph Mattingly
13. Birthplace Md

MOTHER 14. Maiden Name Laetitia —
15. Birthplace Md

16 (a) Informant James E. Tippett Jr.
(b) Address 3108 Gwynn Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3810 Frederick Rd.

18 (a) Funeral director Harry A. Wilke
(b) Address 410 Edmondson Ave

19 (a) JUN 19 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1948, at 7:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1948 to 6/18 1948
and that I last saw her alive on 6/18 1948.

Immediate cause of death Cardiac failure

Due to Hypertensive C V disease
Arterio-sclerotic C V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Gram M.D.
Address Mercy Balto. Hosp. Date signed 6/18/48 M. D.

VS 150

64260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. 64260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. CAREY ST
(c) Hospital or institution: Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 W. FAYETTE ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA E BALLOU

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband ~~or wife~~: late JAMES W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 30, 1880

8. AGE: Years 67 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace PENNA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name FRANKLIN STONER
13. Birthplace PENNA

MOTHER
14. Maiden Name CHARLOTTE MOWLER
15. Birthplace PENNA

16 (a) Informant J. THOMAS BALLOU
(b) Address 2719 31ST S.E. WASH. D.C.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 19 '48 (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location EDMONDSON AVE

18 (a) Funeral director Harry H White
(b) Address 4101 Edmondson Ave

19 (a) JUN 19 1948 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 16 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948 to June 1948, and that I last saw h[illegible] alive on June 16 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Hypertension — Duration: 2

Due to: — Duration:

Other Conditions: Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Sussman M. D.
Address 2687 Western Ave Date signed June 17 1948

VS 150

64261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLD SPRING LANE
(c) Hospital or institution: COLD SPRING NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 W. 40th ST - " (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE KEIDEL LANG

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: CHARLES L. LANG
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT. 5, 1860

8. AGE: Years: 87 | Months: 8 | Days: 12 | If less than one day: hr. min.

9. Birthplace: BALTO, MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business: HOUSEWIFE

FATHER
12. Name: WM. KEIDEL
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MARTHA MOHR
15. Birthplace: GERMANY

16 (a) Informant: MISS EDNA KEIDEL (NEICE)
(b) Address: 1216 W. 40th ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: BALTO. MD.

18 (a) Funeral director: Wm. J. TURNER & SONS
(b) Address: BALTO. MD.

19 (a) DATE RECEIVED BY REGISTRAR: JUN 19 1948 (b) Huntington Williams, M.D. Registrar

WS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 17 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from [redacted] 1, 1946 to June 17 1948, and that I last saw h[redacted] alive on June 17 1948.

Immediate cause of death: CHRONIC MYOCARDITIS. — Duration: 20 yrs.
Due to: GENERALIZED ARTERIO SCLEROSIS — Duration: 7
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Norman R. Kleman M. D.
Address 3803 Edmondson Ave Date signed 6/18/48

X

64262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 94a

64262 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 Elsmore Ave
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Elsmore Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Roehle Stiegle

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-5303.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Margaretha Black Stiegle

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 31 1885

8. AGE: Years 63 | Months — | Days 17 da | If less than one day ____ hr. ____ min.

9. Birthplace Tangier Island, Va.
(Town, county, and state)

10. Usual Occupation office Clerk.

11. Industry or business Rope - Twine & Cordage

FATHER 12. Name James O. Stiegle

13. Birthplace Accomack Co, Va.

MOTHER 14. Maiden Name Saphronia Fawbush.

15. Birthplace Heathville Va

16 (a) Informant Margaretha Stiegle

(b) Address 2507 Elsmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)

(c) Cemetery or crematory Western Ave

Location Baltimore, Md

18 (a) Funeral director Wm. F. Tickner & Sons.

(b) Address Balto, Md.

19 JUN 19 1948 (Date rec'd by registrar) (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1948, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14- 1948 to 6-17- 1948; and that I last saw h[illegible] alive on 6-17- 1948.

	Duration
Immediate cause of death: Coronary Thrombosis	4 da
Due to: —	
Due to: —	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M. D.

Address 2532 Edmondson Ave Date signed 6-17-48.

VS 150

X

G64263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Odenton (If outside city or town limits, write RURAL and give town)
(d) Street No. Crain 547 W 1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Jillian SMALL Whittle
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles A. Whittle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 5, 1887
8. AGE: Years: 61 yrs. Months: 2 Days: 12 If less than one day hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Winfield Murray
13. Birthplace: MD.

MOTHER
14. Maiden Name: Louise Virginia Lowman
15. Birthplace: MD.

16 (a) Informant: Charles A. Whittle
(b) Address: Crain 547 W1. - Odenton, MD
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery or crematory: Nichols Bethel
Location: A. A. County, MD.
18 (a) Funeral director: Wm. F. Tickner & Sons
(b) Address: Balto. MD
19 (a) JUN 19 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1948, at 6:40 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1948 to 6/17 1948 and that I last saw h[illegible] alive on 6/17 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Old rheumatic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Gordon Gray M.D. M. D.
Address Mercy Balto. Gen. Hosp. Date signed 6/17/48

VS 150

664264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. 664264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Jerome Kral

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-0355

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Barbara [redacted]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1883

8. AGE: Years 64 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business [redacted]

FATHER — 12. Name FRANK KRAL

13. Birthplace AUSTRIA

MOTHER — 14. Maiden Name TEKLA SCHANA

15. Birthplace AUSTRIA

16 (a) Informant Mr. Joseph Kral

(b) Address 2618 MURA ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)

(c) Cemetery or crematory Oak Hill

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tilbert Sons

(b) Address Baltimore, Md.

19 (a) JUN 19 1948 (Date rec'd by registrar)

Remarks: for Middleburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1948 to June 16 1948; and that I last saw h alive on 19

Immediate cause of death

Acute Coronary Occlusion — Duration 6/16/48

Due to Coronary of Lung (R) — 3/48

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Tilbert M. D.
Address 801 N Kenwood Ave Date signed 6/17/48

WS 150

X

64265 BC-48-12501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 160 C

Registered No. 064265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catons Ave -
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore 29
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 Collins Ave -
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ava Irene Rausch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/18/48
8. AGE: Years | Months | Days | If less than one day 2 hr. 10 min
9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business —
12. Name Elmo Edward Rausch
13. Birthplace Baltimore Md.
14. Maiden Name Lillian Irene Hartung
15. Birthplace Baltimore Md.
16 (a) Informant Mr Elmo E Rausch
(b) Address 154 Collins Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location 2nd Frederick Rd
18 (a) Funeral director J. J. Foley Sons
(b) Address 1218 Light St.
19 (a) JUN 19 1948 (Date rec'd by registrar) (b) Remaining for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1948 at 10 50/a M

21. I certify that death occurred on the date above stated; that I attended deceased from 18 June 1948 to 18 June 1948 and that I last saw her alive on 18 June 1948

Immediate cause of death Prematurity 19 wks Gestation — Duration

Due to (Premature separation of Placenta)

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. D. Delia Jr. M.D.
Address St Agnes Hosp Date signed 18 June 48

VS 150

G64266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 117a

Registered No. G64266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 S Mary St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Edward BINNS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1843

8. AGE: Years	Months	Days	If less than one day
55	9a.		hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Steven Binns
13. Birthplace Ga

MOTHER
14. Maiden name Emma Edwards
15. Birthplace Ga

16 (a) Informant Robert Evans (Step Father)
(b) Address 704 Conaway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Henry J Wilson
(b) Address

19 (a) [illegible] (Date received by registrar) Huntington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 7:10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....

Peritonitis

Due to Perforated ulcer of stomach

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Thos G. Merrill M.D.
Medical Examiner.
Date signed 6/16/48

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 64267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2232 Harford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Harford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER WILLIAM CRIST

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret A. Hoddinott
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Mar. 9. 1892

8. AGE: Years 56 | Months 3 | Days 8 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Owner
11. Industry or business: Harford Supply Co.

FATHER
12. Name: John C. Crist
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Caroline Linsa
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs. Margaret Crist (Wife)
(b) Address: 2232 Harford Ave. - 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 21. 1948 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: Baltimore Md.

19. JUN 19 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 1948 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch-19 1948, to June 17 1948, and that I last saw him alive on June 15 1948.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to	
Due to Chronic myocarditis	4yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E. North Av Date signed 6/18/48 (M. D.)

VS 150

64268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1203

Registered No. 64268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catons & Wilkens
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore — 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Cheshire Ave. 4100 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Mooney

3 (b) If veteran, name war — ?
3 (c) Social Security Account No. — ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Linda
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 11/2/1880

8. AGE: Years	Months	Days	If less than one day
67	7	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

MOTHER FATHER

12. Name John Mooney
13. Birthplace Md.
14. Maiden Name Mary Sweeney
15. Birthplace Md.

16 (a) Informant Mrs. Jos. A. Mooney
(b) Address 4100 Cheshire Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 JUN 19 1948 (b) Registrar Kensington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18/1948 at 8 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15/1948 to 6/18/1948 and that I last saw him alive on 6/18/1948.

Immediate cause of death	Duration
Emaciation + dehydration with chemical imbalance	
Due to Jejunal ulcer following gastroenterostomy (20 yrs ago) causing	
Due to partial obstruction.	
Other Conditions Healed pulmonary TB.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Jejunal ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert J. Lassahn
Address St Agnes Hospital Date signed 6/19/48

VS 150

64269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4910 Cordelia ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Cordelia ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ADALINE FRANCES CHAMBERLIN

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lewis Chamberlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1867

8. AGE: Years 81 | Months - | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Robert M. Milbourne
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Miles
15. Birthplace Maryland

16 (a) Informant L.A. Chamberlin
(b) Address 3130 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery or crematory Episcopal
Location Princess Anne, Md.

18 (a) Funeral director Chas. J. Evans. Son Inc.
(b) Address 118 N. Mt. Royal Ave.

19 JUN 19 1948 (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1946, to 6/18 1948.
and that I last saw h-- alive on 6/16 1948.

Immediate cause of death	Duration
Myocarditis	Years
Due to Arterio-Sclerosis generalized	Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Harrison M. D.
Address 20 E. Preston St. Date signed 6/21/48

VS 150

G64270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64270 Registered No.

AB-120305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Leonard Wust

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 31- 1876
8. AGE: Years 71 | Months 10 | Days 15 | If less than one day ... hr. ... min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Wust
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Wust
15. Birthplace Germany

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Methodist
Location Cockeysville, Md.
18 (a) Funeral director Laydon M. Brooks
(b) Address Sparks, Md.
D 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15- 1948, at 11.30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 6-9- 1948 to 6-15- 1948, and that I last saw him alive on 6-15- 1948

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Benign Hypertrophy of Prostate: Urinary Retention	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion M. Levy, M.D. M. D.
Address Baltimore City Hosps. Date signed 6-19-48

VS 150

X

G64271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Allendale Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA HOFFMAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 83 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Harry Kaplan
13. Birthplace Russia

MOTHER 14. Maiden Name Etta ?
15. Birthplace Russia

16 (a) Informant Miss Celia Hoffman
(b) Address 2701 Allendale Road

17 (a) Burial (b) Date thereof 6 20 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cong.
Location Southern Avenue

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124- 26 W. North Ave.

19 (a) [illegible] (b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19__ to June 18 1948 and that I last saw h[illegible] alive on 6/18 1948

Immediate cause of death arteriosclerotic heart disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2320 Tutwil Pl Date signed 6/19/48

G64272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Mondawmin Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 7

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Mondawmin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Dickler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 58 Months Days If less than one day hr. min.

9. Birthplace Russia
(Town, county and state)

10. Usual Occupation Restaurant

11. Industry or business

FATHER 12. Name Abraham

13. Birthplace Russia

MOTHER 14. Maiden Name Jennie

15. Birthplace Russia

16 (a) Informant Jennie Dickler

(b) Address 3026 Mondawmin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location

18 (a) Funeral director Jack Lewis, Inc

(b) Address 2100 Eutaw Place

19 (a) 1948 (Date rec'd by registrar) (b) Thomas for Williams, Registrar

20 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1948 to June 18 1948, and that I last saw h im alive on June 17 1948

Immediate cause of death	Duration
Acute Cardiac Dilatation	?
Due to Myocardial degeneration	1 yr
Due to Hypertension (h. vascular)	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Findman M. D.
Address 404 E. North Ave Date signed June 19, 1948

X

G64273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3508 Cottage Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Cottage Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Lustman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gershon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dorucky Rickter
13. Birthplace Poland

MOTHER
14. Maiden Name Leiba
15. Birthplace Poland

16 (a) Informant Gershon Lustman
(b) Address 3508 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

JUN 20 1948
(a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1948 at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from AUG 16 1947 to JUNE 19 1948 and that I last saw h alive on JUNE 19 1948

Immediate cause of death CORONARY THROMBOSIS — Duration 1 DAY

Due to ARTERIOSCLEROTIC C.V. DISEASE — 1 YEAR

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Levin M. D.
Address 4818 Reisterstown Rd Date signed June 19/48

G64274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950

Registered No. G64274

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 Clifton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Esther C. Lipscomb

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	White	Married

6 (b) Name of husband or wife J. Stanley Lipscomb
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) April 30, 1911

8. AGE: Years	Months	Days	If less than one day
37	1	19	18 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business Home

MOTHER FATHER

12. Name Edward Rhode
13. Birthplace Baltimore

14. Maiden Name Carrie U. Urban
15. Birthplace Baltimore

16 (a) Informant J. Stanley Lipscomb
(b) Address 608 Orpington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director John T. Stansbury
(b) Address 2700 Edmondson Ave.

19 (a) 20 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 19— to June 17 1948.
and that I last saw her alive on 6-17 1948.

Immediate cause of death	Duration
Probable Cerebral Embolus	Sudden
Due to Rheumatic Heart disease - 27 yrs.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Harrell Pierce
Address 312 Med. arts Bldg. Date signed 6/19/48 M.D.

VS 15)

G64275 G64275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3317 Westerwald Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Westerwald Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Holden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed,~~ or ~~divorced~~
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1870

8. AGE:	Years	Months	Days	If less than one day
77	78	7	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Daniel Holden
13. Birthplace Ireland

MOTHER
14. Maiden Name Anastatia Murphy
15. Birthplace Ireland

16. (a) Informant Mary Grogan
(b) Address 3317 Westerwald Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John A Mogan
(b) Address 3000 Baltimore St

19 (a) (Date) (b) (Registrar)
(Date rec'd by registrar)

JUN 20 1948
VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 May 1946 to 18 June 1948, and that I last saw her alive on 16 Jun 1948

Immediate cause of death

	Duration
Cachexia	2 months
Due to Carcinoma of ovary, with metastases	3 years
Due to	
Other Conditions arteriosclerosis. Calcification mitral ring	

(Include pregnancy within 3 months of death)
Date of operation 21 Jan 1947
Major findings of operation: intestinal obstruction due to tumor
of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Conrad Aetna M. D.
Address 1208 St Paul St Date signed 18 Jun 48

Washington Nelligan M.D.

X

C64276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Elder

Registered No. C64276

170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Page Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeffery Elder

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1944

8. AGE: Years 4 Months Days If less than one day hr. min.

9. Birthplace Los Angeles Cal
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George
13. Birthplace Canada

MOTHER
14. Maiden Name Sylvia
15. Birthplace Boston Mass

16 (a) Informant George Elder
(b) Address 2201 Page Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Friendship

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

20 1948 (Date rec'd by registrar) Washington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 1948, at 8:30 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured Skull, Intracranial Hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 19 June at 2 P. M.
(b) Where did injury occur? 2200 Page Drive
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Coming struck by Automobile

23. Signature [signature] M.D.
Medical Examiner
Date signed 20 June 48

G64277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G64277 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Prestman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Prestman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1887

8. AGE: Years 66 | Months 8 | Days | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business own home

FATHER
12. Name Jerry Moore
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Sadie Smith
(b) Address 1311 Prestman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director George T. Kelson
(b) Address 1303 Prestman St

19 (a) JUN 20 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-1948 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19-1948 to 6-17-1948 and that I last saw her alive on 6-16-1948

Immediate cause of death	Duration
Cerebral hemorrhage	29 days
Due to: Hypertension & arteriosclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders
Address 029 N. Stricker St Date signed M. D. 6-17-48

X

HEALTH DEPARTMENT—CITY OF BALTIMORE

G64278 G64278

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Fairmount Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME IRA MORTON CLARK

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1826 EAST FAIRMOUNT AVE. St. 6-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Married

5a. If married, widowed, or divorced WIFE of MINNIE SMITH

6. DATE OF BIRTH (month, day, year) NOV. 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. UNEMPLOYED

10. Date deceased last worked at this occupation (month and year) /?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) EVERETT, PENNA.

13. NAME SHERMAN CLARK

14. BIRTHPLACE (city or town) (State or country) EVERETT, PENNA.

15. MAIDEN NAME MAZIE RILEY

16. BIRTHPLACE (city or town) (State or country) EVERETT, PENN

17. INFORMANT IRA C. CLARK JR.

(Address) 1826 E. FAIRMOUNT AVE., BALT. MD

18. BURIAL, CREMATION, OR REMOVAL REMOVAL

Place EVERETT, PENNA Date 6/20/1948

19. UNDERTAKER WILLIAM J. TICKNER AND SONS

(Address) NO. AND PENNA. AVES, BALT. 17, MD

JUN 20 1948 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1948

22. I HEREBY CERTIFY, That I attended deceased from June 19 1948 to June 20 1948

I last saw him alive on June 20 1948. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	6 hrs

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Harry Lindau M. D.

(Address) 14 S. Broadway

G64279 G64279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1766 Eutaw Pl~~ 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country NANTICOKE

3 (a) FULL NAME Carl Erickson

3 (b) If veteran, name war

3 (c) Social Security Account No. 520-05-2918

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Inez

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 11-6-02

8. AGE: Years 45 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Coal Worker

11. Industry or business

12. Name Eric Ericsson

13. Birthplace Sweden

14. Maiden Name Agnes Anderson

15. Birthplace Sweden

16 (a) Informant Records

(b) Address

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 20/48 (month) (day) (year)

via Penn R.R.

(c) Cemetery or crematory Andrews

Location North Carolina

18 (a) Funeral director Walter T. Schwensburg

(b) Address 1122 W. Lanvale St.

19 (a) June 20 1948 (b) Date received by registrar

Lexington Williams, M.D.

VS 194

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 1 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17-1948 to 6-19-1948, and that I last saw h[illegible] alive on 6-19-1948

Immediate cause of death: Myocardial Infarction — Duration: 5 months

Due to: Atherosclerosis of Coronary arteries

Due to:

Other Conditions: Multiple pulmonary infarctions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
JOHNS HOPKINS HOSPITAL
Address Date signed 19 June 48

X

64280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. 64280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Hanover St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN R. TREGOE

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-65

8. AGE: Years 83 | Months 1 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ? Retired

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant self
(b) Address

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-21-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director James L. McCauley
(b) Address 1130 E. Fort Ave.

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-1948 at 9:33 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30-1948 to 6-17-1948 and that I last saw h.i.m alive on 6-17-1948

	Duration
Immediate cause of death Cardiac failure, acute	
Due to Coronary occlusion	3 hrs
Due to Arteriosclerotic Cardiovascular disease	?
Other Conditions Bronchopneumonia	10 days
Prostate carcinoma	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1213 Light St Date signed 6/19/48

937

VS 150

64281

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1122a

G64281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts.
(c) Hospital or institution:
University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Wilson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	W ✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE:	Years	Months	Days	If less than one day
	56			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Robt Whittington
(b) Address Bel Air, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/48 (month) (day) (year)
(c) Cemetery or crematory Hereford's Hill
Location Bel Air, Rural

18 (a) Funeral director J. M. Hunter
(b) Address Bel Air Md

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1948, at 3 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1948 to 6/20 1948, and that I last saw h.s.r. alive on 6/20 1948.

Immediate cause of death Shock - postoperative
Anopia

Due to Cardiovascular - respiratory failure

Due to Incarcerated umbilical hernia - postoperative

Other Conditions Arteriosclerosis; hypertension
(Include pregnancy within 3 months of death)

Date of operation 6/19/48

Major findings of operation: Incarcerated umbilical hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Phillips
Address Univ. Hosp. Date signed 6/20/48 M. D.

VS 150

X

G64282

BALTIMORE CITY HEALTH DEPARTMENT X 48a

CERTIFICATE OF DEATH

G64282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Volga
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Vesta Steele

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Andrew J. Steele

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23-1881

8. AGE: Years 67 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Middlebour, W.Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Levi Stead
13. Birthplace W.Va.

MOTHER
14. Maiden Name Hanna Greenwalt
15 Birthplace W.Va.

16 (a) Informant Mr Andrew J. Steele
(b) Address Volga, Route 2 W. Va.

17 (a) Removal (b) Date thereof June 21-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Hebron
Location Volga, Route 2 W. Va.

18 (a) Funeral director Wm. J. Tiolner & Sons.
(b) Address North & Penna Aves.

19 JUN 21 1948 Registrar for Wilcox [illegible]
(Date filed by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1948, at 4 04 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1948 to 6-20 1948, and that I last saw her alive on 6-20 1948

Immediate cause of death: Cardio-Respiratory Failure — Duration

Due to: Gen. Carcinomatosis

Due to: Fr. Cervix - C

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin L. Jameson M.D.

Address Infirmary Hospital Date signed 6/20/48
Balto. Md.

4283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G64283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University 27-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4704 Hamphrey Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Sandner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11th 1866

8. AGE: Years 82 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business House Furnishings

FATHER
12. Name Louis S. Sandner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kistner
15. Birthplace Balto. Md.

16 (a) Informant Edgar H. Sandner
(b) Address 4704 Hamphrett Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto. Md.
Location

18 (a) Funeral director William Cook Inc
(b) Address 1917 St. Paul St.

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1948, at 5-05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948, to June 18 1948, and that I last saw h.. alive on June 18 1948.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Broncho Pneumonia	
Cerebral Thrombosis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin L. Jamison M.D.
Address University Hosp. Balto. Md. Date signed 6-18-48

VS 150

G64284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

G64284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Eagle St.
(c) Hospital or institution: 20-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Eagle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma B. Heddinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widowed

6 (b) Name of husband ~~or wife~~ Joseph Heddinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27th 1876

8. AGE: Years 71 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Fredericksburg Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Own Home

MOTHER - FATHER

12. Name Clinton Southworth

13. Birthplace Fredericksburg Va.

14. Maiden Name Emma Cox

15. Birthplace Fredericksburg Va.

16 (a) Informant Ruth Walsh

(b) Address 2111 Eagle St.

17 (a) Burial (b) Date thereof 6/23/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 21 1948 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1948 at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to June 19 1948, and that I last saw her alive on June 19 1948

	Duration
Immediate cause of death Arteriosclerotic Cardio-Vascular renal disease.	7
Due to Old age -	
Due to	
Other Conditions Cerebral Hemorrhage	7hr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be changed statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S. Plummer M. D.

Address 1115 N. Calvert St. Date signed 6/21/48

VS 150

G64285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. G64285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2532 Guilford Ave D.A.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Cashman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Anne Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19 1888

8. AGE: Years 60 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Asst Cashier

11. Industry or business Clerk Superior Court

12. Name Michael Cashman

13. Birthplace Ireland

14. Maiden Name Mary Sheehan

15. Birthplace Ireland

16 (a) Informant Mrs Anne E. Cashman

(b) Address 2532 Guilford Ave.

17 (a) Burial (b) Date thereof 6/23/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 21 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 19 48 at 4 00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Valvular Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature C. A. Labrinski M.D.
Medical Examiner.

Date signed 6/19/48

VS 151

G64286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948a

Registered No. G64286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace J. Baxter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wilbur A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1886

8. AGE: Years 61 | Months 6 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wilbur Madden
13. Birthplace Unknown

MOTHER
14. Maiden Name Sally Madden
15. Birthplace Unknown

16 (a) Informant Geo A Baxter
(b) Address 2300 Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director Wilbur Cook Co
(b) Address 1217 E Cold St

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948, at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to June 17 1948 and that I last saw h[illegible] alive on June 17 1948

Immediate cause of death: Coronary Occlusion — Duration: sudden

Due to: Coronary Sclerosis — Duration: 9 mo.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Miller M. D.
Address 617 E Baltimore St Date signed 6/19/48

VS 150

G61287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111B

Registered No. G61287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Union Memorial Hosp 27-DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Hollen Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William J. Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Grace Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8th 1895

8. AGE: Years 53 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Post Deposit Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

12. Name William T. Norris

13. Birthplace Harford Co. Md.

14. Maiden Name Margaret Dunkle

15. Birthplace Post Deposit Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 6/22/48 (month) (day) (year)

(c) Cemetery or ~~crematory~~ U. S. National

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 217 St. Paul St

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Thurston for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 9:45 M

21. I certify that I took charge of the remains described above, held an Aug. & Insp. thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William T. Kelbach M.D.
Medical Examiner.

Date signed 6/11/48

VS 151

1288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. 66-1288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Cambridge St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Cambridge St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Saboy

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-3341

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11-1898

8. AGE: Years 50 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Saboy

13. Birthplace Poland.

MOTHER 14. Maiden Name Catherine Idzita

15. Birthplace Poland.

16 (a) Informant Catherine Saboy

(b) Address 2102 Cambridge St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-48 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto. Co.

18 (a) Funeral director Wm. L. Fialkowski

(b) Address 2007 Eastern ave.

19 (a) JUN 23 1948 Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1947 to June 19 1948, and that I last saw h[im] alive on June 19 1948.

Immediate cause of death: CARCINOMA OF LUNG — Duration 10/14/47

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Drenga M. D.

Address 207 E. Pratt St Date signed 6/24/48

V S 150

J. F. Drenga - 209 S. Chester St.

64289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 64289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5440 Belair Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Aliceanna St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20-1878

8. AGE: Years	Months	Days	If less than one day
69	6	27	hr. min.

9. Birthplace Brooklyn N. Y.
(Town, county, and state)

10. Usual Occupation Ex Seaman

11. Industry or business

FATHER
12. Name Patric Carroll
13. Birthplace —

MOTHER
14. Maiden Name Rose
15. Birthplace —

16 (a) Informant Lillian Bock
(b) Address 1634 Aliceanna St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-48 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location Fredrick Rd

18 (a) Funeral director Wm. S. Fiallowski
(b) Address 2007 Eastern ave

19 (a) JUN 21 1948 (Date rec'd by registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1948 to June 17 1948, and that I last saw him alive on June 17 1948.

Immediate cause of death	Duration
Chronic myocarditis Myocardial failure	10 yrs
Due to	
Due to Hypertension Arteriosclerosis	
Other Conditions Anasarca Terminal uremia Coma	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harrold M. D.

Address 4706 Harford Road Date signed 6/18/48

C 150

64290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S. Collington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Bartkowski (Borowski)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 9 1899

8. AGE: Years 49 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Andrew Masc

13. Birthplace Poland

MOTHER 14. Maiden Name Mary Nowacki

15. Birthplace Poland

16 (a) Informant Martin Bartkowski

(b) Address 17 S Collington Ave

17 (a) Burial, cremation, or removal Buried (b) Date thereof June 22/48 (month) (day) (year)

(c) Cemetery or crematory Holy Cabery

Location Baltimore

18 (a) Funeral director Fred W Orazewski

(b) Address 1930 Eastern Ave

19 JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 7:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1948, to 6/18 1948, and that I last saw her alive on 6/18 1948.

Immediate cause of death: Coronary thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions: Congestive myocardial failure 2 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alfred N. Dann M. D.

Address Maryland General Hospital Date signed 6/18/48

X

291

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64291 Registered No.

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 Woodbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mths

2. USUAL RESIDENCE OF DECEASED:
(a) State Ma. Ya. (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 7th Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Sarah Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles H. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1911

8. AGE: Years	Months	Days	If less than one day
36 37	10	9	hr. min.

9. Birthplace Charlestown, W. Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Luckett
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Butler
15. Birthplace Va.

16 (a) Informant Mr. Charles H. Thomas
(b) Address 2505 -7th Av. New York, N.Y.

17 (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUN 21 1948 (b) Huntington Williams M.D.
(Date received by local registrar) Registrar

VS 159

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 18, 1948 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 17 1948, and that I last saw her alive on June 17 1948.

Immediate cause of death	Duration
Coronary Thrombosis	2 weeks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clifford O. Amsden M. D.
Address 2309 Jericho Turnpike Date signed 6-19-48

X

64292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland DUA
(b) Street address 922 S. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 S. Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Allan Turner

3 (b) If veteran, name war WW II

3 (c) Social Security Account No. 214-20-7018

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1887

8. AGE: Years 60 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace BALTO., MD.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name CHARLES T. TURNER
13. Birthplace MD.

MOTHER
14. Maiden Name REBECCA M. ALLISON
15. Birthplace MD.

16 (a) Informant MRS. EDNA M. FONTZ (NIECE)
(b) Address 1221 PATAPSCO St

17 (a) BURIAL (b) Date thereof 6/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory BALTO NATL
Location BALTO. MD.

18 (a) Funeral director Wm. T. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUN 21 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1948, at 2:29 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Fahrenbach M.D.
Medical Examiner
Date signed 6/19/48

64293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Groveland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Groveland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Williar

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-01-2718 A

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen L. Williar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/17/1872

8. AGE: Years 76 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Harry D. Williar

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Carrie Herring

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen L. Williar

(b) Address 4301 Groveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md.

18 (a) Funeral director Wm. J. Vickar & Son

(b) Address Balto. Md.

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1948, at 10:05 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William G Kelsey M.D. Medical Examiner.

Date signed 6/19/48

VS 151

64294

BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. 64294

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hosp 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 St. Paul St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country.....

3 (a) FULL NAME Henry A. Wise

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr) June 29, 1878

8. AGE: Years 69 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Pennsylvania, Chester (Town, county, and state)
10. Usual Occupation Monk
11. Industry or business

MOTHER / FATHER
12. Name Henry A. Wise
13. Birthplace St. Marys Co., Md.
14. Maiden Name Elizabeth Bates
15. Birthplace New Castle, Del.

16 (a) Informant Mrs. A. J. Trautwein, Sister
(b) Address 3301 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Wm. F. Tickner & Sons
(b) Address Balto., Md.

19 (a) JUN 21 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1948 to June 18 1948, and that I last saw him alive on June 18 1948

Immediate cause of death Coronary thrombosis — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury.....

23. Signature L. B. Leak M.D. M. D.
Address Mercy Date signed 6/18/48

VS 159

G64295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194a

Registered No. G64295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Ferndale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Thackston

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife: CLARENE R. THACKSTON (NEE Thompson) (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 1, 1903

8. AGE: Years	Months	Days	If less than one day
45	2	18	hr. min.

9. Birthplace PRINCE EDWARD Co., Va.
(Town, county, and state)
10. Usual Occupation EQUIPMENT S.U.P.T.
11. Industry or business THE LANSDELL Co.

FATHER
12. Name HERBERT A. THACKSTON
13. Birthplace Va.

MOTHER
14. Maiden Name ANNIE C. LAIBOURNE
15. Birthplace Va.

16 (a) Informant MRS. ALFRED THACKSTON (Wife)
(b) Address 5 FERNDALE RD., FERNDALE, MD

17 (a) BURIAL (b) Date thereof 6/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN
Location A.A.Co., Md.

18 (a) Funeral director WM. F. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUN 21 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948 at 10:10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary thrombosis.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 6-19-48

VS 151

64296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution St. Agnes Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ~~Catonsville~~ BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Walnut Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Eleanor Cameron Bowie

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-03-8934

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-1906

8. AGE: Years 42 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland, Balto (Town, county, and state)

10. Usual Occupation Stay at Home Lady

11. Industry or business Children

12. Name James P. Cameron

13. Birthplace Pa. York

14. Maiden Name Mary H. ~~Bowie~~ Hammond

15. Birthplace Ill. Chicago

16 (a) Informant Mrs. H. W. Krinke

(b) Address 76 Mellor Ave. Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)

(c) Cemetery or crematory Asbury

Location Reisterstown, Md.

18 (a) Funeral director Wm. J. Fickert & Son

(b) Address Roach + Pa Aves. Balto.

19 JUN 21 1948 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 1:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14-19 XP to 6-19-19 XP, and that I last saw her alive on 6-19-19 48.

Immediate cause of death Respiratory Failure — Duration

Due to Uremia

Due to Nephrosclerosis

Other Conditions Hypertension C-V Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of ~~operation~~ autopsy: Cardiac Hypertrophy, Nephrosclerosis

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dawn E. Howell M. D.

Address St. Agnes Hosp Date signed 19 June 48

X

1297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G64297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W. Biddle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert O'Brien

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex M | **5. Color or race** C | **6 (a) Single, married, widowed or divorced** Separated

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. ? 1898

8. AGE: Years 50 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Norfolk Va.
(Town, county and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant Carrie O'Brien
(b) Address 615 George St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-21-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location A. Halstead

18 (a) Funeral director
(b) Address 918 Lemmon Hill Ave.

19 JUN 21 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948 at 10 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Res death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Subacute bacterial endocarditis.
Coronary embolism.
Myocardial infarction.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury.

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6/15/48

X

1298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C64298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1140 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn CARNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	MARRIED

6 (b) Name of husband or wife Thomas Carney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1907

8. AGE: Years	Months	Days	If less than one day
41.	3	9	hr. min

9. Birthplace Fairfax County, Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Harry L. Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Charity Williams
15. Birthplace Virginia

16 (a) Informant Mr. Thomas Carney
(b) Address 1140 N. Fulton Avenue

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/23/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Cem.
Location Baltimore, Md.

18 (a) Funeral director Chas. R. Lay
(b) Address 802 Madison Ave.

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Curtis Fox Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 9:05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6/19/48

VS 151

64299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

Registered No. G64299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Eutaw Place (17)
(c) Hospital or institution:
Baltimore Eye & Ear Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Eutaw Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

(a) FULL NAME Frederick Leil Carecheon

(b) If veteran, name war: No

3 (c) Social Security Account No. —

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

(b) Name of husband or wife Ethel Duby Carecheon
6 (c) If alive, give age 61 years

Birth date of deceased (mo., day, yr.) 13 Feb 1891

AGE: Years	Months	Days	If less than one day
67	4	6	— hr. — min.

Birthplace Kent Island, Md.
(Town, county, and state)
Usual Occupation Tobacco Merchant
Industry or business Merchant
12. Name Frederick Goodhan Carecheon
13. Birthplace Kent Island, Md.
14. Maiden Name Sarah Matilda Thompson
15. Birthplace Kent Island, Md.
(a) Informant Mrs. F. C. Latrobe III
(b) Address 4652 Marble Hall Rd Balto (12)
(a) Burial (b) Date thereof June 21 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto Co. Md.
(a) Funeral director Mitchell & John O. Ford
(b) Address 1900 Eutaw Place, Baltimore, Md.
(a) JUN 21 1948 (b) Huntington Nitkamuc, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 1948, at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 16 June 1948, to 19 June 1948, and that I last saw him alive on 19 June 1948.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to Arteriosclerosis & hypertension	
Due to	
Other Conditions Had had operation for glaucoma 8 days prior to death. (Include pregnancy within three months of death)	

Date of operation 11 June 48
Major findings of operation: Ophthalmic secondary membrane O.S.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Joseph E. Brumbach Jr M. D.
Address 1219 Eutaw Place Date signed 19 June 48

VS 3

64300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 64300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 W. FRANKLIN
(c) Hospital or institution: 19-T
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 W. FRANKLIN (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Tripp Gross Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1886

8. AGE: Years 61 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Jacob Tripp
13. Birthplace BALTIMORE, MARYLAND

MOTHER 14. Maiden Name Francis Clay
15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant Eleanor Johnson
(b) Address 1312 W. FRANKLIN St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 21 1948 (Date rec'd by registrar) (b) Katie R. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1948, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1948 to June 17, 1948, and that I last saw her alive on June 17, 1948.

	Duration
Immediate cause of death: Cardiac Failure	Several hrs.
Due to: Broncho-pneumonia	Several days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Richard H. Hunter M. D.
Address 1631 W. Franklin St. Date signed 6-18-48

VS 150

64301 AB-120011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 64301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13-M
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3753 Keswick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Albert Amey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-4489 A

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sadie F. Amey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26-1874

8. AGE: Years 74 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Asst. Supt. Solarine Co.

11. Industry or business Retired 4 years

FATHER
12. Name William Amey
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Dietz
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19- 1948, at 5.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27- 1948, to 6-19- 1948, and that I last saw h im alive on 6-19- 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manning M. Lacy, M. D. M. D.
Address Baltimore City Hospitals Date signed 6-19-48

VS 150

64302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1450 BOYLE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 BOYLE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DRUCILLA · REBSTOCK.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	WIDOW

6 (b) Name of husband or wife CHARLES. REBSTOCK

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APRIL-12 1882

8. AGE: Years	Months	Days	If less than one day
66	2	9	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation HOUSE WORK.
11. Industry or business AT HOME

FATHER
12. Name LEWIS. COLWELL
13. Birthplace MARYLAND.

MOTHER
14. Maiden Name SARAH HUBBARD.
15 Birthplace MARYLAND

16 (a) Informant MRS MAYBELLE HAYNIE
(b) Address 404 E TOWNSEND AVE BROOKLYN. 25 MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) 6/24/48 (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location RITCHIE HIGHWAY

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St
(c) JUN 21 1948 (Date rec'd by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 21 1948 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1948 to 6/20 1948 and that I last saw her alive on 6/20 1948

Immediate cause of death	Duration
Coronary occlusion	10 d.
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Julius Lodge M. D.
Address 1800 N. Charles St. Date signed 6/21/48

VS 150

64303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. 64303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Churchton Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Blunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem'l

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Garfield T. Blunt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 34 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace West River A-A Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business none

FATHER
12. Name George Johnson
13. Birthplace West River md.

MOTHER
14. Maiden Name Mollie Brown
15. Birthplace West River md.

16 (a) Informant Garfield Thomas Blunt
(b) Address Churchton md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (month) (day) (year)
(c) Cemetery or crematory Chews Chapel Cemetery
Location Owensville Md

18 (a) Funeral director Mrs Charles C. Hicks
(b) Address 45 Northwest St. Annapolis Md.

19 (a) JUN 21 1948 (Date rec'd by registrar) Remington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1948 to June 19 1948, and that I last saw her alive on June 19 1948.

Immediate cause of death: Carcinoma of cervix with spread metastasis — Duration

Due to:

Due to:

Other Conditions: Bilateral Ureteral Obstruction

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Bilateral Ureteral Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Bonsa M.D.

Address University Hosp. Date signed 6/19/48

V$ 150

64304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. 64304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 Eastern Avenue
(c) Hospital or institution: 1 K 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 24 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET MAY HARMS

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Harms
6 (c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): Feb. 12, 1883
8. AGE: Years: 65 Months: 4 Days: 8 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: James A. Sullens
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Lee
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Harry Harms
(b) Address: 2629 Eastern Avenue - 24
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.
18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY
19 (a) [illegible] (b) Huntington Pottsville

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948 to June 20 1948 and that I last saw her alive on June 20 1948.

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Zeller, M.D.
Address 2739 Eastern Ave Date signed 6/21/48

VS 150

X

G64305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G64305 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - 13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Kraft

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Minnie Berthold Kraft
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1864

8. AGE: Years	Months	Days	If less than one day
83	10	18	..... hr. ..... min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Water Dept. of City of
11. Industry or business Baltimore, Retired.

FATHER
12. Name Casper Kraft
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary C. ?
15. Birthplace Unknown

16 (a) Informant Mrs. Minnie B. Kraft (Wife)
(b) Address 1627 E. Lafayette Ave. -13

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore Md.

19 (a) JUN 23 1948 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1948 at 3:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1948 to 6/20 1948, that I last saw him alive on 6/20 1948.

Immediate cause of death	Duration
Coronary Failure	
Due to Arteriosclerotic heart disease CVD Ruptured gastric ulcer - post mortem.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6/16/48
Major findings of operation: Ruptured gastric ulcer
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Phillips, M. D.
Address University Hosp. Date signed 6/20/48

VS 150

X

4306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 064306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Belnord ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Belnord ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie H. Hersche

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-01-4163

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: J. Fredrick Hersche

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 6 1901

8. AGE: Years 46. Months 8 Days 14. If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name William Sahsenbush
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Clarkee
15. Birthplace Germany

16 (a) Informant J. Fredrick Hersche
(b) Address 111 N. Belnord ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director Randall J. Hippel
(b) Address 342 S. Highland ave

19 (Date received by local registrar) JUN 21 1948 (Signature of registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 3 1947, to June 17 1948, and that I last saw her alive on June 16 1948.

	Duration
Immediate cause of death: Toxic Absorption	2 days
Due to: Carcinoma of Cervix	1 Year
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1 W. Overlea Ave Date signed 6/17/48

VS 150

G64307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G64307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University 17 + 6 days
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Eutaw s (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H. McKay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of ~~husband~~ or wife EMMA J. WEYRICK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 8, 1879

8. AGE: Years	Months	Days	If less than one day
68	8 10	11	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation HOUSE DETECTIVE

11. Industry or business CORD BALTO. HOTEL

FATHER
12. Name JOHN McKAY
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name HELEN MURPHY
15. Birthplace UNKNOWN

16 (a) Informant MRS EMMA J McKAY
(b) Address 413 N. EUTAW ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 22 '48 (month) (day) (year)
(c) Cemetery or crematory MT CARMEL
Location 3712 O'DONNELL ST

18 (a) Funeral director Henry A Wilhelm
(b) Address 4101 EDMONDSON AVE

19 (a) Thurlington Williams, M.D. (Signature of registrar)
(b) Date received by registrar 6 21 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/48 19 , at 9:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13/48 19 , to 6/19/48 19 , and that I last saw h[illegible] alive on 6/19/48 19 .

Immediate cause of death Pulmonary embolism
Coronary Thrombosis

Due to

Due to

Other Conditions Coughing subsided

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Powell 94a
Address Date signed 6/19/48 M. D.

G64308 BALTIMORE CITY HEALTH DEPARTMENT G64308
CERTIFICATE OF DEATH 46F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2459 WASHINGTON BLVD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2459 WASHINGTON BLVD (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSA TODD

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1884

8. AGE: Years	Months	Days	If less than one day
63	8	10	hr. min.

9. Birthplace Switzerland (Town, county, and state)
10. Usual Occupation NURSE
11. Industry or business MD. GEN'L HOSP.

FATHER
12. Name GOTTFRIED NIEDERHAUSER
13. Birthplace SWITZERLAND

MOTHER
14. Maiden Name ANNA [illegible]
15. Birthplace SWITZERLAND

16 (a) Informant MRS CLARA SOULSMAN
(b) Address 2459 WASHINGTON BLVD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 21 '48 (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location EDMONDSON AVE & LONGWOOD

18 (a) Funeral director Harry A Wyche
(b) Address 4151 Edmondson Ave

19 (a) [illegible] (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 18 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1948 to June 18 1948 and that I last saw h[illegible] alive on June 18 1948

Immediate cause of death	Duration
Acute Cardiac failure	
Due to Carcinoma Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation May 48
Major findings of operation: Gall stones removal Carcinoma Liver
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 7410 York Rd signed June 21 48

X

C-6 5 2 6 1 7

G64309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101

Registered No. G64309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Ave,
(c) Hospital or institution:
West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 41 S. Schroeder St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Emmel — De Paul Andrew Emmel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, -46

8. AGE: Years	Months	Days	If less than one day
1	8	2	hr. — min.

9. Birthplace Baltimore. Md,
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Vincent Emmel
13. Birthplace Baltimore. Md,

MOTHER
14. Maiden Name Leah Burger
15. Birthplace Va,

16 (a) Informant Mr. Vincent Emmel
(b) Address 41 S. Schroeder St.,

17 (a) Burial (b) Date thereof June 22-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catheral
Location Old Frederick Road

18 (a) Funeral director John A. Grebliauckas, Jr.
(b) Address 423 S. Paca St.

19 (a) [illegible] 1948 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 10 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 6/18 1948, and that I last saw h[illegible] alive on 6/18 1948.

Immediate cause of death	Duration
Ileo Intestinal Obstruction	
Due to Repeated vomiting	
Due to Undetermined	
Other Conditions Tetany just before death	

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Incomplete Exploration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Goldstein

Address UBGH Date signed 6/18/48

VS 150

86

C64310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C64310 Registered No. 1709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. Avondale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Dorothy (Fisher) Fischer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28, 1929

8. AGE: Years 19 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Laurel, Md. Prince Geo. (Town, county, and state)

10. Usual Occupation Telephone Operator

11. Industry or business

FATHER
12. Name Joseph Fischer
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Blanche Meyer
15. Birthplace Laurel, Md

16 (a) Informant Blanche Mahon
(b) Address Avondale St Laurel, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel Md Prince Geo.

18 (a) Funeral director W. Ridgley Selby
(b) Address 401 Washington Blvd Laurel Md

JUN 21 1948 (Date rec'd by Registrar) (b) Huntingtown Williams, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull - Intracranial Hemorrhage

Due to CRANIAL

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-20-48 at 9:25 P.M.
(b) Where did injury occur? 1 mile from Laurel
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? N.A.
(d) Means of injury Automobile Accident

23. Signature Emil E. Rey M.D. Medical Examiner.
Date signed June 21, 1948

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G64311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Mc Culloh Street
(c) Hospital or institution: 14-13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Mc Culloh Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE H. WOODLEN, SR.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nannie Woodlen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): Dec. 15, 1864

8. AGE: Years: 83 | Months: 6 | Days: 4 | If less than one day: hr. min.

9. Birthplace: St. Mary's County, Md. (Town, county, and state)

10. Usual Occupation: Butler

11. Industry or business

FATHER
12. Name: Richard Woodlen
13. Birthplace: St. Mary's County, Md.

MOTHER
14. Maiden Name: ?
15 Birthplace: ?

16 (a) Informant: Mrs. Evelyn Green
(b) Address: 2009 Mc Culloh Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Charles R. Law
(b) Address: 802 Madison Avenue

21 (a) [redacted] (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948, at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947 to June 19 1948, and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death: Heart failure — Duration: 8 days
Due to: Arteriosclerotic heart disease — Duration: 1-2 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. S. Phifer
Address: 1422 E. Pond Date signed: 6/23/48

VS 150

T. S. Phifer X

G64312 G64312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 N. Glover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Glover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Kunigunda Jennie M. Geisler

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis N.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 17 1865

8. AGE: Years 83 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name George Dorbert

13. Birthplace Germany ?

MOTHER 14. Maiden Name

15 Birthplace Germany

16 (a) Informant Elizabeth Frantz

(b) Address 24 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4300 Belair Rd the Chapel Bros

18 (a) Funeral director

(b) Address 1800 E Lombard St

19 (a) ..... (b) ..... (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1945, to June 20 1948, and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death: Myocardial Insufficiency — Duration: 4 days

Due to: Arteria-Sclerosis, Hypertension — Duration: 10 yrs

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury

23. Signature Edward Geisler M.D.

Address 1st. Overlea Date signed 6/21/48

VS 150

X

G64313

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64313 Registered No.

CERTIFICATE OF DEATH 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 S. Broadway
(c) Hospital or institution: 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Fisher

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife GEORGE

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) DEC 12 1862

8. AGE: Years 85 | Months 6 | Days 10? | If less than one day hr. min.

9. Birthplace PENNA (Town, county, and state)

10. Usual Occupation

11. Industry or business AT HOME

FATHER
12. Name VALETINE PLEMPLE
13. Birthplace GERMANY

MOTHER
14. Maiden Name CATHERINE
15. Birthplace GERMANY

16 (a) Informant GEORGE FISHER
(b) Address 17 S BROADWAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 22 48 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location BELAIR RD & NORTH AVE

18 (a) Funeral director DIPPEL BROS.
(b) Address 1800 E. LOMBARD ST.

19 (a) 21 [illegible] (Date registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1948, at 3:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 6/19/48

VS 151

64314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. 64314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 Calvin Ave.
(c) Hospital or institution: None 12-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Calvin Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Margaret Veronica Carr

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry Thos. Carr
6 (c) If alive, give age: Deceased years
7. Birth date of deceased (mo., day, yr.): Dec. 5 1872
8. AGE: Years 75 | Months 6 | Days 14 | If less than one day: hr. min.
9. Birthplace: New York City (town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: None

FATHER
12. Name: Farrell
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Margaret Mc Clinchey
(b) Address: 413 Calvin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 22-48 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore Md.

18 (a) Funeral director: Ellsworth Armacost
(b) Address: 2911 Liberty Heights Ave

19 (a) JUN 21 1948 (Date received by registrar) Huntington Williams Registrar

VS 123

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948 to June 19 1948, and that I last saw her alive on June 19 1948.

Immediate cause of death: Carcinoma of Colon
Family Phys. Dr. Lloyd Taylor

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers M. D.
Address 1533 E. Cold Spring Lane Baltimore 15, Md. Date signed June 19 48

64315 64315

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 48B

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address B'way & Fairmount
(c) Hospital or institution: Church Home & Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson-4 (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Burke Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nannie Bowyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Harry Bowyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1880.

8. AGE: Years 67 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Stevenson

13. Birthplace Maryland

MOTHER 14. Maiden Name Annie Cottingham

15. Birthplace Maryland

16 (a) Informant Miss Nancy Bowyer

(b) Address 119 Burke Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1948 (month) (day) (year)

(c) Cemetery or crematory Govans Presbyterian

Location Govans, Baltimore, Md.

18 (a) Funeral director John Burns & Sons

(b) Address Towson, Md.

19 (a) JUN 23 1948 (Date received by Registrar) (b) Huntington Willis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1948, at 1.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1948 to 6-21 1948, and that I last saw her alive on 6-20 1948.

Immediate cause of death Cessation of Respiration — Duration

Due to Cachexia

Due to CARCINOMA of Uterus & METASTASES.

Other Conditions Diaphragmatic Hernia.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy Ca of uterus & Metastasis to pelvis & Abd

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature GW Mathews M. D.

Address Church Home & Hosp. Date signed

1316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 184 ✓ Registered No. 961316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address EASTERN Ave
(c) Hospital or institution:
BALTO City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 YORKWAY
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. McCarthy

3 (b) If veteran, name war WW # I - II

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Irene E. McCarthy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1899

8. AGE: Years	Months	Days	If less than one day
49	0	19	hr. min.

9. Birthplace Cleveland, Ohio
(Town, county, and state)

10. Usual Occupation Dispatcher

11. Industry or business Pa. Greyhound Lines

FATHER
12. Name Wm. J. McCarthy
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary C. Keith
15. Birthplace Ohio

16 (a) Informant Mrs. Irene C. McCarthy (wife)
(b) Address 2601 Division, Cleveland (13), Ohio

17 (a) Removal (b) Date thereof 6-22-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Calvary,
Location Los Angeles, Calif

18 (a) Funeral director Wm J. Fickus & Son
(b) Address Eaton, Ohio

19 (a) [illegible] 21 1948 (b) Huntington Williams, M.D.
(Signature of registrar)

VS-151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 9:30 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: Natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of Thorax, Lung & Left Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-19-48 3:30 P. M.
(b) Where did injury occur? 2531 Yorkway apt. "D" Dundalk MD
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearm

23. Signature Earl L. Royer M.D.
Medical Examiner

Date signed 22 June 48

X

64317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 64317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town 2915 Christopher Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Christopher Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Kirlin KIRLIN

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife William M., Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 17, 1900

8. AGE: Years 48 | Months 4 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Rock Hall, Md. (Town, county, and state)
10. Usual Occupation AT HOME
11. Industry or business

MOTHER | FATHER
12. Name CHARLES S. Kelley
13. Birthplace Md
14. Maiden Name LARINA G. SCOTT
15. Birthplace Md.

16 (a) Informant Mr. WM. M. KIRLIN
(b) Address 2915 ChriSTopher AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-M-48 (month) (day) (year)
(c) Cemetery or crematory BALTO. NATIONAL
Location BALTIMORE

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 HARFORD Road

19 (a) JUN 21 1948 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 Jun 19 48, at 7 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 Jun 19 48 to 19 Jun 19 48 and that I last saw h[illegible] alive on 19 Jun 19 48.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 hrs
Due to: Hypertension Cardio vascular disease	10 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Allan Lann M.D.
Address 1st Hem Hosp. Date signed 19 Jun 48

X

664318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Philip Gillen

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-0193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Elizabeth Gillen
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 8, 1884

8. AGE:	Years	Months	Days	If less than one day
	64	3	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business National Color Printing Co.

FATHER
12. Name Edward Gillen
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Lynch
15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Gillen
(b) Address 1218 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Ritchie Highway

18 (a) Funeral director Krauss Funeral Home
(b) Address 1216 S. Charles St.

19 JUN 21 1948 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1948 to June 16 1948 and that I last saw him alive on June 15 1948.

Immediate cause of death: Myocardial Insufficiency.

Duration

Due to
Due to
Other Conditions Arteriosclerosis, Hypertension
(Include pregnancy within 3 months of death)
Date of operation April 27, 1948.
Major findings of operation: Left Inguinal Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Schwenk M. D.
Address 135 S. Charles St Date signed 6/18/48

VS 150

64319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carlyn Likes Lippel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Partial Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1896

8. AGE: Years 51 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Albert Likes,
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Carrie Hamburger,
15. Birthplace Balto. Md.

16 (a) Informant Miss. Marjorie L. Lippel
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory Chet Shalom
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] 21 1948 Huntington Williams, M.D. (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 3.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to June 19 1948 and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death Hypertensive Cardiovascular Renal Disease — Duration about 10 years

Due to

Due to

Other Conditions Cerebral hemorrhage (massive). Focal convulsive seizures (Include pregnancy within 3 months of death) — 1 year

Date of operation None

Major findings of operations:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard D. Palm M. D.
Address 1823 Park Avenue Date signed 6/19/48

VS 150

State Anatomical #22789

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64320

CERTIFICATE OF DEATH 101

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Luzerne, Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jan Phillips

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	D.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-08

8. AGE: Years	Months	Days	If less than one day
40	3	8	hr. min.

9. Birthplace Oregon (Town, county, and state)
10. Usual Occupation Dental Technician
11. Industry or business

FATHER
12. Name Rowen Talbot
13. Birthplace Canada

MOTHER
14. Maiden Name Marie Hanson
15. Birthplace Minn - Minny.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 21 1948

18 (a) Funeral director Commissioner of Health
(b) Address
(c) JUN 21 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 - 1948 at 4 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-1948 to 6-12-1948 and that I last saw her alive on 6-12-1948.

Immediate cause of death Pneumonia — Duration 24 hrs.

Due to

Due to

Other Conditions Chyle thoral, Chylous ascites, Chylothea — 2.5 yrs.
(Include pregnancy within 3 months of death)

Date of operation May 48

Major findings of operation: Lymphatic engorgement

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leroy E. Bahman M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

X

G4321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E ✓

Registered No. G64321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3534 East Fairmount Avenue
(c) Hospital or institution:
– – None – – 26 – 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County None
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3534 East Fairmount Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country – – – –

3 (a) FULL NAME JAMES L. LENGSFELD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July 19, 1941

8. AGE: Years	Months	Days	If less than one day
6	10	29	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Leo Lengsfeld
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Richter
15 Birthplace Baltimore

16 (a) Informant Anna Lengsfeld (mother)
(b) Address 3534 East Fairmount Avenue

17 (a) Burial (b) Date thereof 6/21/1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Avenue Ext. Baltimore

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 Eastern Avenue Balto. 31

19 (a) JUN 21 1948 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1948, at 1 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948 to June 18 1948 and that I last saw him alive on June 18 1948.

Immediate cause of death	Duration
Congenital heart disease type undetermined	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 141 East Ave Date signed 6-19-48.

VS 150

64322 Vt. 617c

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. G64322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 East Biddle Street
(c) Hospital or institution:
None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 East Biddle Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Sass

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1931

8. AGE: Years	Months	Days	If less than one day
17	4	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name M.W.Sass
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary F. Bialozynska
15. Birthplace

16 (a) Informant: M.W.Sass (father)
(b) Address 223 East Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1948 (month) (day) (year)
(c) Cemetery or crematory Glenn Haven
Location Ritchie Highway

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 Eastern Avenue Balto 31

19 (a) JUN 21 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 46 to June 19 48, and that I last saw him alive on 6/20/ 19 48.

Immediate cause of death: Rheumatic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R Davis
Address Medical Arts Bldg Date signed 6/21/48

VS 150

G64323 ✓ G64323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1278

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4415 Elderon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-1
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4415 Elderon Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Sarah A. Disney

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Israel H. Disney
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 17, 1851

8. AGE: Years 97 | Months 4 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business .....

FATHER
12. Name William Corbin
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Emelia Plowman
15. Birthplace Baltimore County, Md.

16 (a) Informant Mrs. Edna A. Gill
(b) Address 4415 Elderon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Wm. Miles Lamond
(b) Address 4510 Liberty Heights Ave.

JUN 21 1948 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1923 to 6/18 1948.
and that I last saw her alive on 6/18 1948

Immediate cause of death: Bleeding from Uterus Fibroids — Duration 20 yr
Due to: senility — 15 yr.
Due to: .....
Other Conditions: Chronic gall. Nebolelo
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Henry Tunnell M. D.
Address 3902 Groveland Ave. Date signed 6/19/48

65 97

G64324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital 28+1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4910 Liberty Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Liddell John D. Liddell

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7491

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida N. Liddell
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 1, 1875

8. AGE:	Years	Months	Days	If less than one day
	72	11	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired - Baggage Agent
11. Industry or business Pennsylvania R.R.

FATHER
12. Name Robert Liddell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susan Bomberger
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. John D. Liddell
(b) Address 4910 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamotte
(b) Address 4910 Liberty Heights Ave.

1948 JUN 21 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19,1948 6/19/48 19 , at 2:55 A

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7-48 19 to 6-19-48 19, and that I last saw him alive on 6-19-48 19.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Powell Jr.
Address Univ. Hosp. Date signed 6/19/48

VS 152

C64325

BALTIMORE CITY HEALTH DEPARTMENT X 94a

CERTIFICATE OF DEATH

Registered No. C64325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Walkaway Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Mueller — Howard W. Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4098

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laverne Mueller

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) August 27, 1894

8. AGE: Years 53 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Electrician Operator

11. Industry or business Gas & Electric Co.

FATHER
12. Name Jacob Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ellen Walten
15 Birthplace England

16 (a) Informant Miss Pearl M. Mueller
(b) Address 2239 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wells Funeral Home
(b) Address 4510 Liberty Heights Ave.

19 (a) 21 1948 (Date received by registrar) (b) Huntington Williams M.D. by Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 — 20 1948 at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1948 to 6-20 1948 and that I last saw h/ alive on 6-20 1948

Immediate cause of death	Duration
Cardio respiratory collapse	
Due to Pulmonary Edema	
Due to Coronary Occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Friedman M. D.
Address Sinai Hospital Date signed 6-20-48

VS 159

G64326 ✓ G64326

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

95 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Light St
(c) Hospital or institution: South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A-A Co
(c) City or town Marly Crest (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Sparrow

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31. 1915

8. AGE: Years 32 | Months 9 | Days 19 | If less than one day hr. min. 20

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Cab Driver

11. Industry or business Yellow Cab Co

FATHER 12. Name Albert Sparrow

13. Birthplace Md

MOTHER 14. Maiden Name Betty Thompson

15. Birthplace Balto Md

16 (a) Informant Mona E Sparrow

(b) Address 1511 Linden Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/23/48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilson & Hayes

(b) Address 317 E Saratoga St

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948 to June 20 1948 and that I last saw he alive on June 20 1948

Immediate cause of death: Respiratory failure — Duration: 3 days

Due to: Acute congestive heart failure

Due to: Rheumatic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Dillon M.D.
Address South Balto Gen Hosp Date signed 6/20

VS 150

X

1327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G643327

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 Cold Spring Lane.
(c) Hospital or institution:

27-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Cold Spring Lane W. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard H. Trader

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie Trader
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 14, 1862

8. AGE:	Years	Months	Days	If less than one day
	85	6	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Trademan
11. Industry or business

FATHER
12. Name James Trader
13. Birthplace Virginia

MOTHER
14. Maiden Name Greenwood
15. Birthplace Virginia

16 (a) Informant Annie Trader
(b) Address 1301 Cold Spring Lane

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 JUN 22 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948, at 1:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1947, to June 19, 1948, and that I last saw h im alive on June 18, 1948.

Immediate cause of death	Duration
Hypertrophic Cirrhosis of the Liver	4 or 5yrs.
Due to ------unknown	
Due to	
Other Conditions Arteriosclerosis and Secondary Anemia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas W Montgomery M.D.
Address 401 E. 25th. St. Date signed 6/21/48.

VS 150

X

4328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. 664328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Ferndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Ferndale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irwin M. Quam

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8621

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Louise Gibbons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1900

8. AGE: Years	Months	Days	If less than one day
47	6	4	hr. min.

9. Birthplace Minneapolis, Minn.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Samuel Quam
13. Birthplace Norway

MOTHER
14. Maiden Name Josephine Tonsted
15. Birthplace Minn.

16 (a) Informant Mrs. Irwin Quam
(b) Address 3102 Ferndale Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 22 1948 (Date rec'd by Registrar) (b) Huntington Williams Mill

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1948, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to June 19 1948, and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death	Duration
1) Primary Carcinoma of Stomach	1 year
Due to	
Due to	
Other Conditions Secondary Anemia	6 months

(Include pregnancy within 3 months of death)

Date of operation Oct 1947
Major findings of operation: Carcinoma of Stomach with metastases
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ford L. Chambers M. D.
Address 410 E. Liberty St. Date signed

VS 150

64329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. 64329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Allendale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Cormack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1916

8. AGE:	Years	Months	Days	If less than one day
	33	5	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation FRIEZ

11. Industry or business Frieze Factory

FATHER
12. Name Thomas L Cormack
13. Birthplace Md

MOTHER
14. Maiden Name Lillie M Culey
15. Birthplace Md

16 (a) Informant Thomas L Cormack
(b) Address 1602 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 6/24/48

(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Fallon Sons & Co
(b) Address 1214 E Coal St

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Washington W Williams Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 7:40 P.M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to hers death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of Skull & Internal Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 20/5

(a) Date of injury 6-20-48 at 7:00 P.M.

(b) Where did injury occur? 2729 Wilkens Ave.

(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? no

(d) Means of injury Fall to ground from porch

23. Signature (Medical Examiner) M.D.

Date signed June 21, 1948

330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 664350

AB - 119807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Joseph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Edward Joseph (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6- 1916

8. AGE: Years	Months	Days	If less than one day
32	5	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Chester E. Lewis
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Gahan or Joseph
15. Birthplace Maryland

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Milton Roth Sons
(b) Address 1219 E. Fort Ave.

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20- 1948, at 11.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1948 to 6-20- 1948, and that I last saw her alive on 6-20- 1948

Immediate cause of death: Pulmonary Tuberculosis — Duration
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H-R Stevenson M.D.
Address Balto. City Hosp. Date signed 2-21-48 M. D.

X

64331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 ✓

G64331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5329 E. Monument St.
(c) Hospital or institution:
26-18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 E. Monument St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Folker (Fuka)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or ~~wife~~ Joseph Folker (Fuka)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1868

8. AGE: Years	Months	Days	If less than one day
80	5	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Joseph Folker - husband
(b) Address 3329 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison St.

JUN 22 1948 (Date Rec'd by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1947 to June 19 1948
and that I last saw h alive on June 19 1948.

Immediate cause of death Coronary Thrombosis — Duration June 1948
Due to Ch. Myocarditis — July 1947
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Gouwens
Address 801 N. Lemmon Date signed 6/21/48

64332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97 ✓

Registered No. G64332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2054 E. Eager St.
(c) Hospital or institution: 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2054 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E. Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband~~ or wife Agnes M. (nee Cutler)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1881

8. AGE: Years	Months	Days	If less than one day
66	10	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Sign Painter
11. Industry or business Own Business

FATHER
12. Name Edward Baldwin
13. Birthplace unknown

MOTHER
14. Maiden Name Emma Auld
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. Agnes M. Cutler Baldwin
(b) Address 2054 E. Eager St.

17 (a) Burial (b) Date thereof 6/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Baltimore
Location North Ave. & ~~Ross~~ St. Balto. Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 JUN 22 1948 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 12.02 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1947 to June 18 1948, and that I last saw h~~im~~ alive on June 18 1948.

Immediate cause of death ARTERIOSCLEROSIS — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Victor Goldberg MD
Address 3100 Harford Road Date signed 6/21/48

VS 150

4333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 664333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave + Madison St
(c) Hospital or institution: Maryland General Hospital 7-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Mc Elderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Marie Jirout

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-5329

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benjamin Jirout

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1920

8. AGE: Years 28 | Months 1 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Charles H. McCulloh
13. Birthplace Whitehall, Md.

MOTHER
14. Maiden Name Elizabeth Svoboda
15. Birthplace Baltimore, Md.

16. (a) Informant Mr. Benjamin Jirout
(b) Address 2512 McElderry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948 to June 20 1948, and that I last saw her alive on June 20 1948

Immediate cause of death Acute Leukemia, lymphatic — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. James Hunt M. D.
Address Md Gen. Hosp. Date signed 6/20/48

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. G61334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Sept St
(c) Hospital or institution: South Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3831 Brooklyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mary James

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Wm. H. James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1879

8. AGE: Years 68 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER — FATHER

12. Name John Ryer

13. Birthplace New York

14. Maiden Name Eveline Marley

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Vernon L. Willey

(b) Address 3831 Brooklyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Frederick Ave.

18 (a) Funeral director Keane Funeral Home

(b) Address 1216 N. Charles St.

19 JUN 22 1948 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1948 to June 20 1948, and that I last saw her alive on June 20 1948.

Immediate cause of death Uremia coma — Duration 3 days

Due to Chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold Hilton M.D.

Address So. Balto Gen. Hosp. Date signed 6/22

VS 150

4335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L. Dobson

3 (b) If veteran, name war No
3 (c) Social Security Account No. Yes

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b). Name of husband or wife Emma C. Dobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1865

8. AGE: Years 82 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Salesman (Retired)

11. Industry or business L. B. Septon & Sons

FATHER
12. Name Joseph H. Dobson
13. Birthplace Va.

MOTHER
14. Maiden Name Bedora Pettit
15. Birthplace Va.

16 (a) Informant Mrs. Emma C. Dobson
(b) Address 2419 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wm. J. Pickner & Sons
(b) Address Balto. Md.

JUN 22 1948 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1918, to June 17 1948 and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death	Duration
Cardio Vascular Disease	5 yrs.
Due to Hypertension	5 yrs
Due to Arteriosclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cornelius Frey M. D.
Address 1928 Pa. Ave Date signed 6/21/48

4336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 B

Registered No. 664336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 AUCHENTOROLY TERR.
(c) Hospital or institution: 13
PLACE of DEATH
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 AUCHENTOROLY TERR
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME ANNA L. IARDELLA

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: WALTER L. IARDELLA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 12, 1862

8. AGE: Years 85 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace MAYSVILLE, KY
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

MOTHER / FATHER

12. Name Wm. LYNCH
13. Birthplace VA.
14. Maiden Name EMILY SHUGERS
15. Birthplace UNKNOWN

16 (a) Informant MRS. Wm A. MASSEY
(b) Address 3400 AUCHENTOROLY TERR.

17 (a) BURIAL (b) Date thereof 6/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTIMORE, MD.

18 (a) Funeral director WM. J. TILTNER & SONS
(b) Address BALTO, MD.

19 JUN 22 1948 (Signature of registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION 20

20. DATE OF DEATH 6/20 1948, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY. 10 1948 to June 20 1948.
And that I last saw her alive on June 20 1948.

Immediate cause of death: SENILITY — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Ernest Lee, M.D.
Address 1601 N. BROADWAY Date signed 6/22/48 M.D.

X

64337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1237 BATTERY AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-3
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 BATTERY AVE
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) **FULL NAME** SOPHIE COOK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife THOMAS J. COOK
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) MARCH 13 1866

8. AGE: Years 82 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business "

12. Name — SCHMIDT

13. Birthplace GERMANY

14. Maiden Name — BODE

15 Birthplace GERMANY

16 (a) Informant MRS CLARA C. COOK

(b) Address 1237 BATTERY AVE

17 (a) BURIAL (b) Date thereof 6 21 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK.

Location FREDERICK RD.

18 (a) Funeral director JOHN F. DENNY, INC.

(b) Address 715 LIGHT ST -30

19 JUN 22 1948 Huntington Williams, M.D.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to 19 6/11/48
and that I last saw her alive on 6/11 1948

Immediate cause of death — Enterocolitis Contributory Cause — Senile Disease — Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M. D.

Address 107 E. West St Date signed 6/21/48

G64338

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64338

CERTIFICATE OF DEATH 126

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Westchester
(c) City or town White Plains (If outside city or town limits, write RURAL and give town)
(d) Street No. Broad Park Lodge (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Araminta D. Carpenter (Araminta Dickey Carpenter)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Harold Carpenter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1884

8. AGE: Years 63 | Months 5 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles H. Dickey
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Araminta Fardel
15. Birthplace Baltimore, Md

16 (a) Informant Charles H. Carpenter (Son)
(b) Address 624 Fort Hill Rd. Scarsdale, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 48 (month) (day) (year)
(c) Cemetery or crematory Greenwood-Union
Location Rye N.Y.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W. Mt. Vernon Pl.

19 JUN 22 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 12 Noon PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 21 1948 and that I last saw her alive on June 21 1948.

Immediate cause of death	Duration
Uremia	12 days
Due to: Cause unknown	
Due to:	
Other Conditions: Cholecystectomy	

(Include pregnancy within 3 months of death)
Date of operation 5-26-48
Major findings of operation: Cholelithiasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Smith, M.D.
Address Union Memorial Hosp. Date signed 6/22/48

1339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N Charles St.
(c) Hospital or institution: Doctors Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2850 N Charles St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Richard Jackson Mackall

3 (b) If veteran, name war none

3 (c) Social Security Account No. 218-09-2569

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine M. Mackall

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 25 1868

8. AGE: Years 79 | Months 11 | Days 36 | If less than one day ... hr. ... min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Could not ascertain
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace Calvert Co. Md

16 (a) Informant Mrs Catherine M. Mackall (wife)
(b) Address 2850 N Charles Street (18)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart Morrell Co.
(b) Address 108 W North ave.

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 June 1948, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 31 February 1948, to 20 June 1948, and that I last saw h.im alive on 20 June 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Charles St Date signed 21 June 48

64340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G64340

1. PLACE OF DEATH
(a) Baltimore City or County Maryland
(b) Street address 1524 West Fayette St
(c) Hospital or institution: Franklin Square Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 West Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country Philippine Islands

3 (a) FULL NAME PASAO, TEODILO (TEOFILO P. PASAOL)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 066-14-1376

4. Sex M

5. Color or race Yellow

6 (a) Single, married, widowed, or divorced Single DIVORCED

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20-1894

8. AGE: Years 54 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Philippine Islands (Town, county, and state)

10. Usual Occupation COOK

11. Industry or business Merchant Marine

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Elizabeth Gallardo
(b) Address 1524 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Balto Co Md

18 (a) Funeral director B. M. Walter
(b) Address Pratt & Stricker Sts

19 JUN 22 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 12:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1948 to 6-21 1948 and that I last saw h... alive on 6-21 1948.

Immediate cause of death	Duration
Bilateral lobar pneumonia	
Due to	
Due to	
Other Conditions Coronary infarct (include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B. Schrock M. D.
Address Franklin Sq. Hosp. Date signed 6-21-48

64341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. CG1341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3
(b) Street address 675 Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 + 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 675 S. Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No).
If yes, name country

3 (a) FULL NAME Annie Florence Boston

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3480

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Robt C. Boston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/10/79

8. AGE: Years 68 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Jessup Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or Business

FATHER
12. Name George A. Bennett
13. Birthplace Jessup Md

MOTHER
14. Maiden Name Georgie King
15. Birthplace Beltsville Md

16 (a) Informant Florence G. Guyton
(b) Address 675 S. Pulaski St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/23/48 (month) (day) (year)
(c) Cemetery or crematory Zion Cem
Location Dorsey Md

18 (a) Funeral director Robt C. & B.M. Walters
(b) Address Pratt & Chucks Sts

JUN 22 1948 (Date rec'd by registrar) (b) Burial Permit Issued

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 June 1948, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to 20 June 1948, and that I last saw h-er alive on 20 June 1948.

Immediate cause of death: Bronchopneumonia
Due to: Carcinoma, breast, left
Due to: Uremia
Due to: Chronic Nephritis
Due to: Coronary Thrombosis
Other Conditions: Hypertension, Myocardial Disease

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Baylies
Address 1600 Williams Ave Date signed M/D 20 June 48

VS 150

X

64342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

Registered No. 661342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3145 Ravenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3145 Ravenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles L. Lampe

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
---	none	Male	White	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1862

8. AGE: Years	Months	Days	If less than one day
86	0	15	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation Retired Carpenter
11. Industry or business

FATHER
12. Name Julius Lampe, Jr.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary E. King
15. Birthplace Frederick, Md.

16 (a) Informant Mrs. Mary E. Hammond
(b) Address 3145 Ravenwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1948 (month) (day) (year)
(c) Cemetery or [illegible]ory Western
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JUN 22 1948 (Date received by Registrar) [illegible]

VS 150

MEDICAL CERTIFICATION 11.00

20. DATE OF DEATH June 19, 1948, at p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1948 to 6/19 1948, and that I last saw h[illegible] alive on 6/18 1948.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Lamberg M. D.
Address 444 E. Ellwood Ave. Date signed 6/20/48

[illegible] Huntington Williams, M.D.

1343

BALTIMORE CITY HEALTH DEPARTMENT X 937

CERTIFICATE OF DEATH

Registered No. 66 1343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution:
University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. Geo.
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 9th St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negroid	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 55			hr. min.

9. Birthplace Laurel, Pr. Geo. Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Laurel Md

MOTHER
14. Maiden Name Isabelle ?
15 Birthplace Laurel, Md

16 (a) Informant Gertrude Mathews
(b) Address Laurel, Md

17 (a) Burial (b) Date thereof 6-24-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Beacon Chapel George, Md

18 (a) Funeral director W. Ridgely Selby
(b) Address 401 Washington Blvd Laurel Md

19 (a) JUN 22 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

V.S 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1948 to June 21 1948, and that I last saw h[illegible] alive on June 21 1948.

Immediate cause of death Arteriosclerotic cardiac degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.M. Hollingsworth M. D.
Address Redwood & Green Date signed 6/21/48

J.M. Hollingsworth X

64344

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1107

Reg. Dist. No. .....

64344

CE OF DEATH:

Baltimore City
No 5803 Fiddes Court
(If outside city or town limits, write RURAL and give nearest town)

In above place of death? about 4 yrs. 26-6
Institution, or street address where death occurred:

In hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County .....

City or town Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5803 Fiddes Court
(If rural, give LOCATION)

2.(a) If veteran, name war .....

FULL NAME

Gertrude Frazier Thomas

3. (b) Social Security Number

5. Color or race	6.(a) Single, married, widowed, or divorced
Female Col	Married

e of husband or wife James

6.(c) If alive, give age ..... years

ate of
d (mo., day, yr.) Aug 31, 1917

Years	Months	Days	If less than one day
	9	16	hrs. min.

ce Washington D.C.
(Town, county and state)

occupation Housewife

ry or business

ame Joseph Frazier

rthplace Washington D.C.

aiden name Willie Howard

rthplace Washington D.C.

ast James Thomas

e 5803 Fiddes Court

Burial Date thereof June 19/48
, cremation, or removal. Which?) (month) (day) (year)

y or crematory Baltimore National Cemetery

l director Mrs Ruth A. Elliott & Daughter

1129 N. Caroline St.

une 18 19 48 Hunter Stevenson Williams M.D.
rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1948, at 11½ A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 14, 1948, to June 16, 1948
and that I last saw h.. alive on June 16, 1948

Immediate cause of death Bronchial Pneumonia — DURATION 2 days

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Hillman S. Hale M.D.
M. D. or other

Address 140 Oak Ave Date signed 6-16-48

G64345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G64345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Low St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Low St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Richard Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Otis Jones

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 1-1833

8. AGE: Years 65 | Months - | Days 15 | If less than one day: hr. 18 min. 83

9. Birthplace Sask Va (Town, county, and state)

10. Usual Occupation Elevator

11. Industry or business

FATHER
12. Name George Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name unknown
15. Birthplace " "

16 (a) Informant Otis Jones
(b) Address 813 Low St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn, Md

18 (a) Funeral director Klockgoviter
(b) Address 1000 Hunter ave

19 (a) JUN 22 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1948 to 6/16 1948 and that I last saw him alive on 6/16 1948.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morris A. Frue M. D.
Address 118 Biesuith Date signed 6/17/48

X .

4346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64346

Registered No. 1382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Amity St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Amity St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Darlington, S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Hazeline Thomas
(b) Address 218 N. Amity St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Arbutus, Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Ave.

19 (a) JUN 22 1948 (Date rec'd by registrar) (b) Transcription from Williams M.D.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 19, 19 48 at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 to 6/19 19 48.
and that I last saw him alive on 6/19/48

Immediate cause of death	Duration
Miliary Tuberculosis	2 mo.
Due to Pulmonary tuberculosis	2 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Green M.D.
Address 522 N. Carlington Date signed 6/20/48.

64347 AB-114411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. GG 1347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Belnord Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29- 187?

8. AGE: Years	Months	Days	If less than one day
70	9	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ? LABOR
11. Industry or business

FATHER
12. Name Robert Moore
13. Birthplace N.Y.

MOTHER
14. Maiden Name Anna Mac Cardick
15. Birthplace Ireland-or-Ill.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1948 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEMETERY
Location NORTH AVE

18 (a) Funeral director THE DIPPEL BROTHERS
(b) Address 1800 E LOMBARD

19 (a) JUN 22 1948 (b) Huntington Williams
Date rec'd by registrar

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21- 1948, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10- 1947, to 6-21- 1948, and that I last saw h im alive on 6-21- 1948

Immediate cause of death (a) Pulmonary Emphysema — Duration 3 Yrs

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease - Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. R. Armstrong M.D.
Address Balto. City Hosp. Date signed 6-21-48

113

64348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits write RURAL and give town)
(d) Street No. 7525 Berkshire Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Pitman (Jr.)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	

6 (b) Name of husband or wife Georgiana H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	8	1		

9. Birthplace Phila. Penna.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Retired

FATHER
12. Name Charles F. Pitman
13. Birthplace New Jersey

MOTHER
14. Maiden Name Eliz. Gibbons
15. Birthplace Ireland

16 (a) Informant Mrs. Ann V. Pitman
(b) Address 7525 Berkshire Rd.

17 (a) Removal (b) Date thereof 6-22-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hillsdale Cem.
Location Phila. Penna.

18 (a) Funeral director John S. Connelly
(b) Address 418 Eastern Ave.

19 (a) 22 1948 (b) Huntington Williams, M.D.
(Filed by Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22/48 19 , at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20/48 19 , to 6/22/48 19 , and that I last saw him alive on 6/22/48 19 .

Immediate cause of death	Duration
(a) Respiration failure	
Due to (b) Cerebral hemorrhage	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Powell, Jr., M.D.
Address Union Memorial Hospital Date signed 6/22/48

J. B. Powell, Jr., X

1349

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH √46E

Registered No. G61349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland + Monument
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE CASTLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Hagerstown Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Own Home

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Grace Norris
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director H. K. Coffman
(b) Address Hagerstown Md

JUN (a) 23 1948 (Date rec'd by registrar) Huntington Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948 at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1948 to 6/22 1948
and that I last saw her alive on 6/22 1948

Immediate cause of death Pulmonary embolism — Duration
Due to Thrombophlebitis of pelvic veins - ? leg
Due to
Other Conditions Carcinoma of colon post-operative
(Include pregnancy within 3 months of death)
Date of operation ?
Major findings of operation: Carcinoma of colon.
of autopsy: Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Grossman M.D.
Address Sinai Hospital Date signed 6/22/48

100 B

4350

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH V 1707

G64350
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Golliday

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-28-8743

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14th 1931

8. AGE: Years	Months	Days	If less than one day
16 16	11	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Acme Food Store

FATHER
12. Name Geo. W. Golliday
13. Birthplace Va.

MOTHER
14. Maiden Name Mildred I. Jenkins
15. Birthplace Virginia

16 (a) Informant Geo. W. Golliday
(b) Address Jessups Md.

17 (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Zion
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.E.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948 at 1 30 A. M

21. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to HIS death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull with intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/20/48 9 25 P. M.
(b) Where did injury occur? 1 mile North of Laurel Prince Geo's Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Struck by motorcycle on highway

23. Signature [signature] M.D.
Medical Examiner.
Date signed 6/24/48

G64351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G64351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 W Hill St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 W Hill St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Nelzer

3 (b) If veteran, name war

3 (c) Social Security Account No. 202-10-3092

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1894

8. AGE: Years 48 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Portland Oregon (Town, county, and state)

10. Usual Occupation Agent

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15 Birthplace

16 (a) Informant Hannah Nelzer
(b) Address 9 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md

18 (a) Funeral director Wilson & Son Inc
(b) Address 1317 N Paul St

19 (a) JUN 23 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 9:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1948, to June 21 1948, and that I last saw him alive on June 20 1948.

Immediate cause of death Coronary Thrombosis — Duration 2 min.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.

Address 1111 L Seer Date signed 6/24/48

VS 150

4352 G64352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital ~~or Institution~~ St. Joseph's 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Berkshire Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter James Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8855

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Catherine Seigler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 18, 1876

8. AGE: Years	Months	Days	If less than one day
72	2	4	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation None Retired
11. Industry or business Toolmaker

FATHER
12. Name James Murray
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret McFeat
15 Birthplace Scotland

16 (a) Informant Catherine Murray
(b) Address 3220 Berkshire Rd.

17 (a) Removal (b) Date thereof 6/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Morris
Location Phoenixville Pa.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 23 1948 (b) Huntington for Indiana, M.D.
(Date rec'd by registrar) Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1948, 2:20A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1948 to June 22, 1948, and that I last saw h im alive on June 22, 1948.

Immediate cause of death	Duration
Coronary thrombosis	
with	
Due to Coronary arteriosclerotic heart disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Allen J. Rapp Jr. M. D.
Address St Joseph's Hospital Date signed 6/23/48

64353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Aves.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Kirson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannye L.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Pennsylvannia
(Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Noah Kirson
13. Birthplace Russia

MOTHER
14. Maiden Name Gertrude Shapiro
15 Birthplace Russia

16 (a) Informant Mrs Fannye L. Kirson
(b) Address 3808 Park Heights Ave.

17 (a) Burial (b) Date thereof 6 - 23-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cong.
Location Southern Avenue

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124- 26 W. North Ave.

JUN 23 1948 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1948 at 6'5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1948 to 6-22 1948.
and that I last saw him alive on 6-22 1948

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman Zenberg M. D.
Address Sinai Hospt. Date signed 6-22-48

64357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Reistertown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Reistertown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Wolman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1887

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name Hyman

13. Birthplace Russia

14. Maiden Name Gray

15. Birthplace Russia

16 (a) Informant Sarah Wolman

(b) Address 2613 Reistertown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48 (month) (day) (year)

(c) Cemetery or crematory Adas Israel

Location No Point Germans Mill Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

1948 JUN 23 (Date rec'd by registrar) (Huntington Williams Mgr) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21-1948 at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1947 to June 21 1948 and that I last saw h[illegible] alive on June 20 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe

Address 331 E North Ave Date signed 6-22-48 M. D.

VS 130

64355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 74a

64355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3720 W Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3720 W Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Sherman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Israel
13. Birthplace Russia

MOTHER 14. Maiden Name Glucka
15. Birthplace Russia

16 (a) Informant Samuel Michelson
(b) Address 3720 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48 (month) (day) (year)

(c) Cemetery or crematory
Location Hebrew Herring Run

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (Date) JUN 22 1948 (Registered by Registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21-1948 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to June 21 1948, and that I last saw her alive on June 21 1948.

Immediate cause of death: Cerebral hemorrhage — Duration: 4 hrs.

Due to: Hypertension + Arteriosclerosis — 10 years +

Due to:

Other Conditions: Chr. Myeloid leukemia — 3 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Myeloid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alan Bendes

Address 1109 N Calvert St Date signed 6/VV/48

82a

64356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 2-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1835 E. Dalto St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Feinberg, Ida

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife Max
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name not known
13. Birthplace Russia

MOTHER
14. Maiden Name not known
15. Birthplace Russia

16 (a) Informant Max Feinberg
(b) Address 3810 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location

18 (a) Funeral director Fuld, Lewis Inc
(b) Address 200 Eutaw Place

19 (a) JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, Mill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1948 to 6-22 1948 and that I last saw h er alive on 6-22 1948

Immediate cause of death Cerebrovascular accident, left, due to hemorrhage — Duration 1 week

Due to Hypertension & arteriosclerotic Heart Disease & cardiac changes — years

Due to Nil. — years

Other Conditions Chronic cholecystitis & cholelithiasis — years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marie D. Davis, M. D.
Address Sinai Hosp Date signed 6-22-48

X

64357 G64357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
Bon Universty Hosp. 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise M Thompsonson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband ~~or wife~~ OLE H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1878

8. AGE: Years 69 | Months 6 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace GERMANY
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ERNEST WOLLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name AUGUSTE CUDTKE
15. Birthplace GERMANY

16 (a) Informant GEORGE INALE
(b) Address 225 S. ATHOL AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 23'48 (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location 7225 EASTERN AVE

18 (a) Funeral director Harry A Welsh
(b) Address 4101 Eastern Ave

19 (a) JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1948, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1948 to 6-20 1948, and that I last saw her alive on 6-20 1948.

Immediate cause of death Resp. Failure — Duration

Due to Uraemia

Due to Carcinoma of bladder with metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. R. Mansberger M. D.
Address Univ. Hosp Date signed 6-20

VS 159

A. R. Mansberger

358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G64358

GH. 120539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1152 Shields Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nelson Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Rose (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8- 1888

8. AGE: Years	Months	Days	If less than one day
59	9	11	hr. min.

9. Birthplace Texas
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nelson Morgan
13. Birthplace Texas

MOTHER
14. Maiden Name Sylvia Morgan
15. Birthplace Texas

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6/23/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Wilkins & Jackson
(b) Address 916 Penna Ave

19 JUN 23 1948 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 19 - 1948, at 9.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 17 -19 48 to 6- 19 19 48 and that I last saw him alive on 6- 19 -19 48

Immediate cause of death	Duration
Pathological Pneumothorax	12 hrs
Due to Unknown	
Due to	
Other Conditions Diabetes mellitus	3

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Hearn M. D.
Address Balto City Hosp Date signed 6-20-48

123

64359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30E

64359 Registered No.

GU. 120493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Parrish ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Allen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Blanch Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 - 1883

8. AGE: Years	Months	Days	If less than one day
64	10	24	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Allen
13. Birthplace N.C.

MOTHER
14. Maiden Name Lydia ?
15. Birthplace N.C.

16 (a) Informant Records Balto. City Hosp
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto Co.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 20- 1948, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 16- 1948, to 6- 20 1948 and that I last saw him alive on 6- 20 1948

Immediate cause of death: Heart Failure — Duration 2 yrs +
Due to Syphilitic Heart Disease Aortic Insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None done -

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. R. Kardaroung M.D.
Address Balto City Hosp Date signed 6-20-48
M. D.

4350 BC-GF 8169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

Registered No. G61350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Green & Lombard
(c) Hospital or institution:
Un. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex Balto Countt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Eastern Ave Essex
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward P. Swiss Jr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 4 1947

8. AGE: Years	Months	Days	If less than one day
	9	22	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Paul Swiss Sr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Banz
15. Birthplace Balto.

16 (a) Informant Edward Paul Swiss Sr.
(b) Address 529 Eastern Ave Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 48 (month) (day) (year)
(c) Cemetery or crematory 4300 Belair Rd.
Location Holy Redeemer

18 (a) Funeral director Dippel Bros
(b) Address 1800 E. Lombard St

19 (a) JUN 28 1948 (Date received by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 21 1948, and that I last saw him alive on June 21 1948.

Immediate cause of death: Hydrocephalus
Type unknown

Duration

Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 21, 1948
Major findings of operation: Cortical atrophy + congestion
of autopsy: Nothing remarkable.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Bonan MD M.D.
Address Un. Hosp. Date signed 6/21/48

X

64361

G64361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 464421 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie Chew

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-99

8. AGE: Years 48 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Henry Chew

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Lane

15. Birthplace Md

16 (a) Informant Mrs Earl De Carter

(b) Address 714 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/1948 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem. Pk.

Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. H. Hubbard

(b) Address 1000 Druid Hill Ave.

JUN 23 1948 (Date rec'd by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 21 - 1948 at 4 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15- 1948 to 6-21- 1948 and that I last saw her alive on 6-21- 1948

Immediate cause of death	Duration
RENAL INSUFFICIENCY AND UREMIA	
Due to DIABETIC ACIDOSIS	
Due to	
Other Conditions POST. MYOCARDIAL INFARCT, OLD. MYOMATA UTERI (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. D. Stapleton M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 6-24-48

64362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G64362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Sts.
(c) Hospital or institution: Church Home & Infirmary 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Pierpont Street (If rural give location)
(e) Citizen of foreign country? and (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George Cramer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	WIDOWED

6 (b) Name of ~~husband or wife~~ SON MR. EDWARD CRAMER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-29-1883

8. AGE: Years	Months	Days	If less than one day
65	5 4	23	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation unemployed.
11. Industry or business —

FATHER
12. Name John Cramer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Schmidt
15. Birthplace Germany

16 (a) Informant Mrs. Jeane Cramer
(b) Address Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Stanislaus
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 23 1948 (Date rec'd by registrar) (b) Huntington, Indiana

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 June 1948, at 2.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-1948, to 6-22-1948 and that I last saw him alive on 6-21-1948.

Immediate cause of death	Duration
Pulmonary edema	chronic
Due to Cardiac failure	chronic
Due to	
Other Conditions Fracture, right femur neck	44 days

(Include pregnancy within 3 months of death)
Date of operation 5-13-48 SPLINT
Major findings of operation: no open operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 11/48 at M
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Tripped & fell down steps

23. Signature [illegible] M. D.
Address Church Home Date signed 6-22-48

64363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 64363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Montebello Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Montebello Terrace
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL F. FARRELL

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 212-09-5668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1872

8. AGE: Years	Months	Days	If less than one day
75	6	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired (Church Goods
11. Industry or business Business)

FATHER
12. Name James Farrell
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna McQuirk
15. Birthplace Ireland

16 (a) Informant Mr. Robert Pontier
(b) Address 3203 Montebello Terrace

17 (a) Burial (b) Date thereof 6/23/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans' Son, Inc.
(b) Address 118 N. Mt. Royal Ave

19 (a) JUN 23 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 7.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1948, to June 20 1948, and that I last saw him alive on June 19 1948.

Immediate cause of death Myocardial failure — Duration 3 Wks

Due to arteriosclerotic Cardio-Vascular Disease — 15 yrs

Due to

Other Conditions Thrombophlebitis Rt leg — 1 Wk

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elmer L. Waresby Jr.
Address 3900 Alameda Blvd Date signed 6/24/48

VS 150

64364

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 46a

Registered No. 64364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Florida (b) County:
(c) City or town: Orlando
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1200 W. Settson Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: ROLLA ALVIN COLE

3 (b) If veteran, name war: ?

3 (c) Social Security Account No.: 327-07-6957

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Mgt. Wall Cole

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): March 9, 1881

8. AGE: Years 67 | Months 3 | Days 13 | If less than one day: hr. min.

9. Birthplace: Bloomer, Wis.
(Town, county, and state)

10. Usual Occupation: Deck Captain

11. Industry or business: Seafarer

FATHER
12. Name: Charles Cole
13. Birthplace: ? Mo.

MOTHER
14. Maiden Name: Mina Armstrong
15. Birthplace: ? Wis.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory: Orlando, Florida
Location:

18 (a) Funeral director: Chas. F. Evans, Son Inc.
(b) Address: 118 W. Mt Royal Ave.

JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 19 48, at 6:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to June 22 19 48, and that I last saw h. in alive on June 22 19 48.

Immediate cause of death: Adeno Carcinoma of Esophagus & Generalized Metastasis — Duration: Unknown

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Robert N. English M. D.

Address: U.S. Marine Hosp. Date signed: 6-22-48

X

64365 Prob. Inquest 477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 N. Register Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar Vaeth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Box-maker, Libson & Kirk

11. Industry or business Libson & Kirk

FATHER
12. Name August Vaeth
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mollie Hughes
15. Birthplace Hancock, Md.

16 (a) Informant Mary A. Vaeth, Wife
(b) Address 1500 N. Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmanson
(b) Address 1639 Broadway

JUN 23 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized carcinomatosis

over

Due to

Other Conditions

(Include pregnancy within 3 months of death).

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Rogan M.D.
Medical Examiner.
Date signed

VS 151

1 X

664366

664366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 E 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 E 29th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E McNally

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Thomas F. McNally 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1865

8. AGE: Years	Months	Days	If less than one day
83	3	29	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name William Reddy
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Burns
15. Birthplace Ireland

16 (a) Informant Miss Mary E McNally
(b) Address 329 E. 29th St.

17 Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 3[illegible] Light St.

19 (a) (Date received by registrar) JUN 23 1948 (b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/48 1948, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24/1948, to 6/20 1948 and that I last saw h[illegible] alive on 6/20 1948.

Immediate cause of death	Duration
Coronary Thrombosis	Unknown
Due to Arteriosclerosis of Coronary Arteries	Unknown
Due to Hypertension Cardio Vascular Disease	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L Goodsell M. D.
Address 923 St Paul St Date signed 6/21/48

G64367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G64367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 1 6 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Linda Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wallace Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1870

8. AGE: Years	Months	Days	If less than one day
77	8	13	hr. min.

9. Birthplace Dorchester Co. Md (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Nathan Mc Allister
13. Birthplace Dorchester Co. Md

MOTHER
14. Maiden Name Julia A. Walker
15. Birthplace Tappahanock Va.

16 (a) Informant John John J. Mc. Allister
(b) Address 331 Gwynn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director Maurice C. Boyer
(b) Address 16 [illegible]

19 (a) (Date received by registrar) (b) [illegible]

JUN 28 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1948 at 6 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1948 to 6/21 1948, and that I last saw h[illegible] alive on 6/18 1948

Immediate cause of death	Duration
Resp Failure	3d
Due to CVA Thrombosis	
Due to Arteriosclerosis HypCVD	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Neuhauser M.D.
Address Univ Md Hosp, Balto Md Date signed 6/21/48

VS 150

Dr Paul Berry
10-[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

G64368 Registered No. G64368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Random Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Random Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Burnecker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fremal | 5. Color or race W hite | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife J. Louis Burnecker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 7-1868

8. AGE: Years 79 | Months 9 | Days 14. | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name George H Pagels.
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Hailer
15. Birthplace Germany

16 (a) Informant Mrs. J. Louis Burnecker
(b) Address 522 Random Road

17 (a) Burial (b) Date thereof June 25-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md.

18 (a) Funeral director Francis Cook Sylfer
(b) Address 1600 N. North Ave

19 (a) [illegible] A. (Signature of registrar) Registrar

JUN 28 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21-1948 1948 at 11-40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1948 to June 21 1948 and that I last saw h[illegible] alive on June 21 1948.

Immediate cause of death	Duration
Arteriosclerotic Gangrene Rt foot	
Due to Senility.	
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 3033 W North Date signed 6/27

G64369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64369

Type or print clearly in ink. Do not write above the dotted line. Underline the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 759 Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 759 N. Saratoga St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Atkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1873

8. AGE: Years	Months	Days	If less than one day
75	4	24	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Out of Work

11. Industry or business

FATHER — 12. Name	John Atkins
FATHER — 13. Birthplace	Va
MOTHER — 14. Maiden Name	Mary Harris
MOTHER — 15. Birthplace	Va

16 (a) Informant Evelyn Brooks
(b) Address 759 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location Balto Md

18 (a) Funeral director Neal L Brown Son
(b) Address 1096 Montgomery St

19 (a) JUN 23 1948 (Date received) (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18/48, 10 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to 6/22 1948, and that I last saw h alive on 6/22 1948.

Immediate cause of death: Cardiac Failure — Duration: Sudden

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H K Johnson M.D.
Address 403 Med Arts Date signed 6/23-48

over

Dr X

C64370

BALTIMORE CITY HEALTH DEPARTMENT ✓ 94a

CERTIFICATE OF DEATH

C64370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4622 Kavon Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 b
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4622 Kavon Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Bender,

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Susan Lennon Bender

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1878

8. AGE: Years 69 | Months 10 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. ? (or Chicago, Ill)
(Town, county, and state)

10. Usual Occupation Tailor,

11. Industry or business Clothing,

FATHER
12. Name Joseph Bender,
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Katherine Bosek,
15 Birthplace Czechoslovakia

16 (a) Informant Mrs. Susan Bender,
(b) Address 4622 Kavon Ave.,

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore City,

18 (a) Funeral director C. Vernon Lennon
(b) Address 4611 Park Heights Ave.

(c) JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH June 20, 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1948 to 6/20 1948 and that I last saw him alive on 6/19 1948.

Immediate cause of death	Duration
Coronary Thrombosis	5 weeks
Due to	
Arteriosclerosis	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Benson M. D.

Address # 1 Overlea Ave. Date signed 6/22/48

X

G64371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

G64371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Windsor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Windsor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CATHERINE DERR

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	212-07-4218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 30, 1881

8. AGE: Years	Months	Days	If less than one day
67	1	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Milliner
11. Industry or business retired

FATHER
12. Name John T. Derr
13. Birthplace Md.

MOTHER
14. Maiden Name E. Jane Babylon
15. Birthplace Md.

16 (a) Informant Mrs. Grace B. Goldsisen, sister
(b) Address 2821 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Baust Church
Location Carroll Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 28 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1946 to June 21, 1948, and that I last saw her alive on June 18, 1948.

Immediate cause of death	Duration
Failing heart.	one week
Due to Amyotraphic Lateral Sclerosis	2 mo.
Due to Do not know.	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice L. Shaman M. D.
Address 3300 W. North Ave. Date signed 6/23/48

X

G64372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

110 B

G64372
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Sulgrave Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Prevo Deathridge Burkett.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 262-09-4399

4. Sex: M.

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Eleen A. Burkett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1914

8. AGE: Years 34 | Months 2 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Abingdon, Va.
(Town, county, and state)

10. Usual Occupation Electric Estimator

11. Industry or business Blumenthal-Electric Co., Inc.

FATHER
12. Name Prevo D. Burkett
13. Birthplace Va.

MOTHER
14. Maiden Name Lucile Clark
15. Birthplace Va.

16 (a) Informant Mrs. Eleen A. Burkett
(b) Address 1910 Sulgrave Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 23 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948 at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10th 1948 to June 21 1948, and that I last saw him alive on June 21 1948.

Immediate cause of death	Duration
Cardio-respiratory failure, due to	
Due to Uremia	
Due to Nephritis, acute, glomerular,	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Autopsy:
Major findings of operation: Bilateral Pleural Effusion; Pulmonary Edema, Aucte
of autopsy: Hemorrhagic Nephoritis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin J. Rose Jr. M.D.
Address St Joseph's Hospital Date signed June 24/48.

130

G64373 ✓ G64373 Furlong

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Bateman Ave.
(c) Hospital or institution:
15 ✓ 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Bateman Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARA M. C. FURLONG

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	218-22-2983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1893

8. AGE: Years	Months	Days	If less than one day
54	9	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business U. S. Gov't.

FATHER
12. Name Hoffman S. Furlong
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Alice Chickering
15 Birthplace Balto., Md.

16 (a) Informant Mrs. E. Elizabeth La Crosse
(b) Address 3601 Bateman Ave.

17 (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by registrar 1948 (b) Huntington Williams, Registrar
N 28

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 10.46 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1948, to JUNE 21 1948, and that I last saw h 21 alive on June 21 1948.

Immediate cause of death Coronary Thrombosis — Duration 20 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J Daines M. D.
Address 800 W 33rd St Date signed 6-21-48

X

G64374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

G64374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Calvert Sts. H
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32
(e) Length of stay in Baltimore (yrs., mos., or days) ? Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Wheeler Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Allen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Late Meyer Allen
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1 | 7 | 1888

8. AGE: Years 60 | Months 6 5 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Sidney Shapiro
13. Birthplace Lithuania

MOTHER
14. Maiden Name Evelyn Raymond
15 Birthplace Lithuania

16 (a) Informant Sidney Allen
(b) Address 1917 Wheeler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windspr Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W. North Ave

JUN 23 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1948, at 9 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1948 to 6/22 1948 and that I last saw her alive on 6/22 1948.

	Duration
Immediate cause of death: Hepatic insufficiency	32
Due to: Cirrhosis of liver	? Yrs.
Due to: Esophageal Varices	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cirrhosis of liver - Nov 1947
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Guy Hollin Fox, M.D.
Address Union Memorial Hospital Date signed 6/22/48 M/D

X

G64375 ✓ G64375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 28-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 4118 Ridgewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME — Harry Berman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife — Late Fannye

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) — Nov. 3, 1897

8. AGE: Years — 50 | Months — 7 | Days — 19 | If less than one day: hr. min.

9. Birthplace — Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business — Real Estate

FATHER
12. Name — Philip Berman
13. Birthplace — Russia

MOTHER
14. Maiden Name — Lena Harris
15 Birthplace — Russia

16 (a) Informant — Maurice Berman
(b) Address — 4118 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1948 (month) (day) (year)
(c) Cemetery or crematory — Hebrew Washington Rd Cem
Location — Washington Blvd

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124-1126 W North Ave

19 (a) June 22 1948 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH — 6-22 1948, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1948 to 6-22 1948, and that I last saw h[illegible] alive on 6-22 1948.

Immediate cause of death	Duration
Et Coronal Myocardial Infarction	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature — Norman Zinberg M. D.
Address — Sinai Hospt Date signed 6-22-48

VS 150

X

G64376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G64376 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Sorrento Rd.
(c) Hospital or institution: Colonial Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Lewis Amend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: late Mary C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19 1868

8. AGE: Years 79 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Amend
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Brigid Brown
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Elizabeth Moore (Daughter)
(b) Address 2034 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/48 (month) (day) (year)
(c) Cemetery or crematory St. Peter
Location 1300 Moreland Ave (Balt. Md.)

18 (a) Funeral director Frank Della Noce
(b) Address 322 S. High St.

19 (a) JUN 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/48 19 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/48 19 , to 6/24/48 19 , and that I last saw h alive on 6/17/48 19

Immediate cause of death	Duration
Myocardial Infarction	Weeks
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Palm F. Bowen M. D.
Address 605 Edmondson Date signed 6/24/48

G64377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64377

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pio Canzani CANZANI

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-09-4491

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Rose Canzani

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1890

8. AGE:	Years	Months	Days	If less than one day
	57	11 10	1 29	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Vincenzo Canzani
13. Birthplace Italy

MOTHER
14. Maiden Name Caterina Velleggia
15. Birthplace Italy

16 (a) Informant Joseph Canzani (Son)
(b) Address 2723 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25th 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Keller Sons
(b) Address 322 S. High St. Huntington Williams, Md.

19 (a) JUN 23 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/48 19 , at 10 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1948, to 6/21 1948, and that I last saw him alive on 6/21 1948

Immediate cause of death	Duration
Cardio-respiratory failure	1 day
Due to Cerebral Hemorrhage	2 days
Due to Hypertensive C-V disease	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred W. Dann M. D.
Address Maryland General Hosp. Date signed 6/21/48

VS 150

G64378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G64378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 E. Lake Avenue
(c) Hospital or institution: 27-12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 E. Lake Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward M. Seidl

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marjorie Beese Seidl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1921

8. AGE: Years	Months	Days	If less than one day
26	10	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business Myles-Barton-Morrow & Yost

FATHER
12. Name Edward A. Seidl
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary A. Nichols
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Marjorie B. Seidl
(b) Address 311 E. Lake Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) 6/24/48 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to June 22 1948, and that I last saw him alive on June 22 1948.

Immediate cause of death — Duration
Coronary Occlusion
Due to Rheumatic Heart.
Due to Aortic Stenosis
Other Mitral Insufficiency. — 4 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Wm. Barton Fort
Address 20 E. Preston St. Date signed 6/23/48. M. D.

G64379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G64379
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 N. Eutaw St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 N Eutaw St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel A. McKeever

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-26-8860

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Maybelle McKeever

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12th 1880

8. AGE: Years 68 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Rising Sun, Md.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Building

FATHER
12. Name Geo. McKeever
13. Birthplace Rising Sun, Md.

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace

16 (a) Informant Albert McKeever
(b) Address 1104 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 19 48 at 4:19 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH H. A. C. V disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 6/24/48

VS 151

G64380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64380 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Ave.
(c) Hospital or institution:
Duvall Nursing Home 12-E
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Taylor Appel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles H. Appel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1874

8. AGE: Years	Months	Days	If less than one day
74	5	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Van Daniker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie Taylor
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Pauline M. Appel
(b) Address 3113 Guilford Ave.

17 (a) Burial (b) Date thereof June 25, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Miller Lamborne
(b) Address 4510 Liberty Heights Ave.

19 (a) (Signature of registrar) Thurlington Williams, M.D.
(b) Date received JUN 23 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948; at 6.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948, to June 23 1948 and that I last saw her alive on June 20 1948.

Immediate cause of death	Duration
Asterio-Sclerotic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Crawford M. Kirkpatrick, Jr. M.D.
Address 6 E. Eager St. Date signed 6-24-48

G64381 ✓ G64381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs 45 min
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 McCulloh St (If rural, give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country None

3 (a) FULL NAME Charles Andrews

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Queen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1900

8. AGE: Years 48 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Dukes Branch, Va. (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business ?

FATHER
12. Name
13. Birthplace Va

MOTHER
14. Maiden Name
15. Birthplace Va

16 (a) Informant Robert Andrews
(b) Address 1209 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (month) (day) (year)

(c) Cemetery or crematory
Location Dukes Branch Va

18 (a) Funeral director A. Hollyfield
(b) Address 918 Druid Hill ave.

19 (a) 6/23 1948 (b) Registered by Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1948, at 8:33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1948 to 6/21 1948 and that I last saw him alive on 6/21 1948

Immediate cause of death	Duration
Coronary Occlusion	apprx 50 mins
Due to Coronary Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Garner, M.D.
Address 1514 Division St Date signed 6/23/48

VS 150

X

G64382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

Registered No. G64382

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barney Enock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Late Daisy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug, 23, 1871

8. AGE: Years	Months	Days	If less than one day
76	10		hr. min.

9. Birthplace Ruusia (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired Merchant

FATHER
12. Name Nathan Enock
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Myer Enock
(b) Address 2406 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Arlington Cemetery
Location Rogers Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) JUN 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1948, at 8 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1948 to 6-23 1948, and that I last saw h.M alive on 6-23 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Circulatory Collapse	
Due to Cerebral Hemorrhage	
Other Conditions Abd Distension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Friedman M. D.
Address Sinai Hosp Date signed 6-23-48

VS 150

X

64383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. 64383

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2075 Rockrose Ave.

(c) Hospital or institution: Ardsley Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 609 Wyanoke Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: LAVINIA COLTON LEUTBECHER

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Robert E. Leutbecher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): Feb. 18, 1863

8. AGE: Years 85 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER

12. Name: John W. Colton

13. Birthplace: England

MOTHER

14. Maiden Name: Ann Buchanan

15. Birthplace: England

16 (a) Informant: Mr. C. Earl Leutbecher

(b) Address: 609 Wyanoke Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge Cem. Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS

(b) Address: Balto., Md.

19 JUN 24 1948 (Date rec'd by registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1948, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1947, to June 21, 1948, and that I last saw her alive on June 21, 1948.

Immediate cause of death	Duration
Myocardial Failure	15 min. days
Due to Chronic Myocarditis	Over a yrs.
Due to ~	
Other Conditions ~	

(Include pregnancy within 3 months of death)

Date of operation ~

Major findings of operation: ~

of autopsy ~

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ~

(b) Date of occurrence ~ at ~ M

(c) Where did injury occur? ~ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~

(e) Means of injury ~

23. Signature Frank N. Ogden M. D.

Address 2701 N. Calvert St Date signed June 23, 1948

VS 150

X

64384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dockins

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3962

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Dockins

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 20, 1895

8. AGE: Years: 52 | Months: 8 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Annapolis, Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: William Dockins
13. Birthplace: Md.

MOTHER
14. Maiden Name: Agnes Henderson
15. Birthplace: Md.

16 (a) Informant: Mrs. Clara Dockins
(b) Address: 513 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-25-48 (month, day, year)
(c) Cemetery or crematory: National Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. Frances A. Hemsley
(b) Address: 578 W. Biddle St. Baltimore, Md.

19 (a) JUN 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1948, at 8 45 P M

21. I certify that I took charge of the remains described above, held an Inquest - Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: [signature] M.D. Medical Examiner.
Date signed June 25, 1948

VS-151

Lottie SNOWDEN

64385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. C64385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Irene & Lombard St
(c) Hospital or institution: Univ. Hosp. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Irene & Lombard St. 602 Archer St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Isaac Snowden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1879

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Stephen Watkins

13. Birthplace md

MOTHER 14. Maiden Name Annie Riley

15 Birthplace md

16 (a) Informant Isaac. Snowden

(b) Address 602 archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director James A. Hayes

(b) Address 1142 W. Pico St

19 (a) [illegible] 24 1948 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to June 22 1948 and that I last saw her alive on June 21 1948

Immediate cause of death: Cardiac failure — Duration

Due to: Coronary Thrombosis

Due to: arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard E. Hall M. D.

Address Irene & Lombard Date signed 6/22/48

VS 150

G64386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83c

G64386

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U S Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ward, James Charles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Betty Bird
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 24, 1888 ?

8. AGE: Years	Months	Days	If less than one day
60	4	29	hr. min.

9. Birthplace Crisfield, Maryland
(Town, county, and state)
10. Usual Occupation Mate
11. Industry or business Seafarer

FATHER
12. Name Thomas Ward
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Harner
15 Birthplace Maryland

16 (a) Informant Records
(b) Address U S Marine Hospital, Balto, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/48 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Crisfield Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place
Registered (Registrar) Registrar

19 JUN 24 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 19 , at 3:07 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 19 48 to June 23, 19 48 and that I last saw h. in alive on June 23, 19 48 .

Immediate cause of death Periarteritis Nodosa — Duration

Due to

Due to Encephalomalacia

Other Conditions Encephalomalacia
Pt. temporal lobe of Brain
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Nelson Jr. M. D.
Address U. S. Marine Hospital Date signed 6/23/48

99

VS 150

1387
-1285 JL- 120297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G64387

Type or print plainly in black ink. Use no abbreviations. Be sure that the cause of death is entered clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy Lievers "A" Twin - Blanch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1948

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Willie Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Blanch Lievers
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 9am 6-21-48
(Burial, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery~~ or crematory Baltimore City Hospital
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 JUN 24 1948 (Signature) Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 9.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948, to June 10 1948, and that I last saw him alive on June 10 1948

	Duration
Immediate cause of death: Bronchopneumonia	36 hr
Due to:	
Due to:	
Other Conditions: Premature Dy (Include pregnancy within 3 months of death)	36 hr

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd H. Beaker M. D.
Address Catonsville, Md. Date signed 6/24/48

107

G64388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. G64388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Holbrook St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin James Rowland

3 (b) If veteran, name war: nc

3 (c) Social Security Account No. 212-28-4956

4. Sex: m | 5. Color or race: w | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1931

8. AGE: Years 17 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Packing Confectionery

FATHER
12. Name Michael J. Rowland
13. Birthplace Ireland

MOTHER
14. Maiden Name Nora A Ruckdermott
15. Birthplace Ireland

16 (a) Informant Mrs. Nora R. Rowland
(b) Address 1624 Holbrook St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cem. Co.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Caughlin
(b) Address 924 E. Eager St.

19 (a) (Date received by registrar) Washington Nathaniel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948, at 8:45 P M

21. I certify that I took charge of the remains described above, held an partial autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of pelvis &
Int. abdominal Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 10/1

(a) Date of injury 6-22-48 at 3:00 P. M.
(b) Where did injury occur? Brainerd Ave. & Druid Hill Ave
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury? Fell from moving truck

23. Signature Earl V. Payne M.D. (Medical Examiner)
Date signed June 23 48

VS 151

64389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G64389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 N. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-1880

8. AGE: Years	Months	Days	If less than one day
68	4	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation cement sniper

11. Industry or business

FATHER
12. Name Jermone Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Katie Theresa
15 Birthplace Md.

16 (a) Informant Records
(b) Address

17 (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sharp St Church
Location Chase Md

18 (a) Funeral director Rayner Sanders
(b) Address JOHNS HOPKINS HOSPITAL Preston St

19 JUN 24 1948 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 15

20. DATE OF DEATH June 20 1948 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948 to June 20 1948 and that I last saw him alive on June 20 1948

Immediate cause of death Uremia — Duration 1 week

Due to Arteriosclerotic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Hoff

Address JOHNS HOPKINS HOSPITAL Date signed 20 June 48
M.D.

VS 159

X

C64390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 737

Registered No. C64390

Please write the cause of death clearly and legibly. Cases are frequently important. Physicians: please write.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N Charles
(c) Hospital or institution: at Stone 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N Charles (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Grace Lee Smith

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: J. Neil Smith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 14 1873

8. AGE: Years: 74 | Months: 10 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: Geo. A. Hemmick
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Ella Sanderson
15. Birthplace: Balto. Md.

16 (a) Informant: Hamilton H. Smith (son)
(b) Address: Roland Park Apts-24-10

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville

18 (a) Funeral director: Stewart & Morris Co
(b) Address: 1818 W North Ave

19 (a) Date received by local registrar: JUN 24 1948 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Several yrs to 6/22 1948
and that I last saw her alive on 6/22/1948.

	Duration
Immediate cause of death: (Cardiac arthemia)	5-6 yrs
Due to: several yrs of deficiency anemia	
Due to: Left pulmonary Congestion	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry Gunsells M.D.
Address 3902 Groneland Rd Date signed 6/23/48

664391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664391

Write the causes of death clearly and legibly. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 W. Caroline Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTA FREDERICKA MAC KENZIE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph W. MacKenzi
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): July 25, 1885

8. AGE: Years	Months	Days	If less than one day
62	10	27	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: Marry Miller
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Margaret F. Silverson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Joseph W. MacKenzie
(b) Address: 1721 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) Jun 24 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 22 1948, at 11.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 22 1948, and that I last saw her alive on June 22 1948.

Immediate cause of death	Duration
Coronary Thrombosis	6/21/48
Due to Chr Myocarditis	6/1/46
Due to Hypertensive Cardio Vasculer disease	6/1/46
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?
23. Signature William J. Ryan M.D.
Address 801 A Rebbwood Rd Date signed 6/27/48

VS 150

G64392 ✓ G64392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2417 Eutaw Place.
(c) Hospital or institution: 13-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Eutaw Place. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NATHAN ROSENSTEIN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of ~~husband or~~ wife Suzanne Rosenstein. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/ 26/ 1874.

8. AGE: Years	Months	Days	If less than one day
73	7	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shoe Merchant.
11. Industry or business

FATHER
12. Name Louis Rosenstein,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rachel Block,
15. Birthplace Germany.

16 (a) Informant Mrs. Suzanne Rosenstein,
(b) Address 2417 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place, Baltimore, Md.

JUN 24 1948

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd. 1948 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1947 to June 24 1948 and that I last saw ~~him~~ alive on June 23 1948

Immediate cause of death Cachexia — Duration 6 weeks

Due to Ca of prostate — 14 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 1947

Major findings of operation: Cystostomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B. Gross M. D.

Address 2404 Eutaw Place. Date signed

VS 150

VS 150

64393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 64393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 849 Reinhardt St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Frank Hallinquest

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henrietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1896

8. AGE: Years 52 | Months 5 | Days 20 | If less than one day ....hr. ....min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Romeo Hallinquest

13. Birthplace S.C

MOTHER 14. Maiden Name Rebecca Marton

15. Birthplace S.C

16 (a) Informant Ethel M. Cutchpeon

(b) Address 925 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem.

Location.....

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) JUN 24 1948 (Date rec'd by registrar) Huntington Williams, Mgr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at 8 p. M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial degeneration

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Earl L. Royster M.D.
Medical Examiner

Date signed June 22, 1948

VS 151

G64394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192B

Registered No. G64394

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Milliman st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Milliman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maud Daisy Nolan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alfred Pitts
13. Birthplace Va

MOTHER 14. Maiden Name Sarah Pierce
15. Birthplace Va

16 (a) Informant Birdie Williams
(b) Address 1600 Milliman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location

18 (a) Funeral director Elroy O Welch
(b) Address 1000 Brantley ave

19 (a) JUN 24 1948 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1948, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1947, to June 20 1948, and that I last saw h[illegible] alive on June 19 1948.

Immediate cause of death Cerebral Hemorrhage — Duration Sudden

Due to Mitral Insufficiency

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 612 E Monument Date signed 6-27-48

X

G64395 / Berry

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 E. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 E Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr min

9. Birthplace Norfolk, Va
(Town, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER
12. Name Randall Butts
13. Birthplace Va

MOTHER
14. Maiden Name Hannah Brown
15. Birthplace Va.

16 (a) Informant Ernest Butts
(b) Address 622 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem,
Location Baltimore Md

18 (a) Funeral director Chas. O. Wilson
(b) Address 1000 Bolton St

19 (a) (Date received) JUN 24 1948 (b) Registrar

MEDICAL CERTIFICATION

6/22/48 1040 AM

20. DATE OF DEATH June 22 1948, at 10.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948, to June 22 1948, and that I last saw her alive on June 22 1948.

Immediate cause of death Pulmonary Edema — Duration 1 day

Due to Cerebral Apoplexy — 7 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. DeLoy Berry, M. D.
Address 1420 E. Chase Date signed 6-23-48

VS 150

G64396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 958 FRANKLINTOWN Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 958 FRANKLINTOWN Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** CHRISTINE WAGNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-73

8. AGE: Years	Months	Days	If less than one day
75	2	5	hr. min.

9. Birthplace BUDAPEST - HUNGARY
(Town, county, and state)
10. Usual Occupation HOUSEWIFE -
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant MRS. MARIE DORSEY
(b) Address 3019 WILLOUGHBY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 [illegible] 48 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY EVANGELICAL CEM.
Location McKees Rocks - PA

18 (a) Funeral director THOMAS J. KENNY INC.
(b) Address 1600 HOLLINS ST

19 JUN 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1948, at 9A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1948 to 6/22 1948 and that I last saw h. alive on 6/21 1948.

Immediate cause of death	Duration
Coronary Thrombosis	1
Due to Coronary Artery Disease	
Due to	
Other Conditions Had an attack of Coronary Thrombosis 2 yrs ago	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George Sharfatz M.D.
Address 106 Park Heights Ave Date signed 6/23/48 M. D.

George Sharfatz X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64397

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 61

G64397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 Eastern Ave: (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Milke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10th, 1881

8. AGE: Years	Months	Days	If less than one day
67	5	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Hardware Store
11. Industry or business Owner

FATHER
12. Name Henry Milke
13. Birthplace Unknown

MOTHER
14. Maiden Name Anna Lukehart
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. Albert Milke, Sr.
(b) Address 530 Eastern Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Md.

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) JUN 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 23rd, 1948, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23-45 19 to 6-23-45 19, and that I last saw h[illegible] alive on 6-23-45 19

Immediate cause of death Resp. failure

Duration

Due to coronary thrombosis

Due to

Other Conditions Diabetis Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 6-23-45

94a

64398 BALTIMORE CITY HEALTH DEPARTMENT G64398

CERTIFICATE OF DEATH 1939

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Chesterfield avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Hefner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
M	W	Married

6 (b) Name of ~~husband or wife~~ Annie Hefner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1872

8. AGE: Years	Months	Days	If less than one day
76	2	199	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Produce Business

11. ~~Industry or~~ business Own Business

FATHER
12. Name Nicholas F. Hefner
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret A. Eiche
15. Birthplace Germany

16 (a) Informant John Hefner Jr.
(b) Address 1558 Clifton Ave

17 (a) Burial (b) Date thereof 6/28/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 JUN 25 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1948, at 5:10 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.

Date signed 6/24/48

VS 151

G64399

119316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. G64399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Payson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George M. Vogts

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of ~~husband or~~ wife Pearl M. Vogts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1878

8. AGE: Years	Months	Days	If less than one day
70	4	13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Engineer

FATHER
12. Name ? Vogts
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Balto. Md.

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) [illegible] (b) Interring for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1948 to 6-24- 1948, and that I last saw him alive on 6-24- 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions Hypertensive Cardiac	

(Including pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Scarborough M.D.
M. D.
Address Balto City Hosp. Date signed 6-24-48

VS 150

83 B

G64400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (43)

Registered No. G64400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen Hosp 9 W 6-11-48 - 6-23-48
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 E. 26½ St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Bowerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. widowed

6 (b) Name of ~~husband or~~ wife Hattie Bowerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1874

8. AGE: Years 73 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Loxley, Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Laborer

FATHER
12. Name James B. Bowerman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Jane Hammond
15. Birthplace Balto. Md.

16 (a) Informant George S. Bowerman
(b) Address 602 Woodbourne Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Stephens
Location Bradshaw, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1948 at 11 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1948 to 6-23 1948 and that I last saw h~~im~~ alive on 6-23 1948

	Duration
Immediate cause of death Uremia and Coma	
~~Due to~~ Left hemiplegia	
Due to	
Other Conditions Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Patonillet M. D.
Address Maryland Gen Hosp Date signed 6-24-48

VS 159

X

G64401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81a

Registered No. G64401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer Mathilda **Mathilda V. Meyer**

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/22/91

8. AGE: Years	Months	Days	If less than one day
56	9	0	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bethlehem Steel Corp.

FATHER
12. Name Wm. Meyer
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Jerscheid
15. Birthplace Md.

16 (a) Informant Mrs. G. A. Stem
(b) Address 601 Edmondson Ave. Catonsville, Md.

17 (a) Burial (b) Date thereof June 25/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Henry A. Smith
(b) Address 4101 Edmondson Ave. Walbrook, Md.
(Signature or Initials)

19 (a) Date received by Registrar JUN 25 1948 (b) Registrar's Registration No.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1948, at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1948 to 6/22 1948 and that I last saw her alive on 6/22 1948.

Immediate cause of death	Duration
Cardio Resp Failure	
Due to Hem. Staphylococcus	
Due to Puerperal Septicemia	
Other Conditions Meningitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D L Davisson M. D.
Address University Hosp. Balto, Md. Date signed 6/22/48

24a

64402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-06964 / 157E

G64402 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 St. Paul st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 St. Paul st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Richard Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1st 1948

8. AGE: Years | Months: 2 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Kenneth L. Becker

13. Birthplace: Pa.

MOTHER 14. Maiden Name: Miriam F. Woolard

15. Birthplace: Balto. Md.

16 (a) Informant: Kenneth L. Becker

(b) Address: 2105 St. Paul St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/25/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine

Location: Balto. Co. Md.

18 (a) Funeral director: Wm Cook Inc

(b) Address: 217 St. Paul St

JUN 25 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1948, at 3a.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1948 to June 24 1948, and that I last saw him alive on June 8 1948.

Immediate cause of death: Tetrology of Fallot (Congenital Cardiac defect) — Duration: Life

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S Fennelly M. D.

Address 3522 Greenmount Ave Date signed 6-24-48

VS 150

G64403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G64403 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 E. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RACHEL C. KLEES

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1876

8. AGE: Years	Months	Days	If less than one day
71	8	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Klees
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marie Eliz. Kindler
15. Birthplace Marion, Ohio

16 (a) Informant Miss M. Josephine Klees
(b) Address 127 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 25 1948 (Date received by registrar) (b) Registrar Washington Hollingsworth, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948, at 12:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to June 23 1948, and that I last saw h— alive on June 23 1948.

Immediate cause of death Apoplexy	Duration
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury M. PAUL BYERLY
23. Signature M. Paul Byerly M.D.
Address 3033 W North Ave Date signed 6/24/48

X

C64404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

C64404 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age as especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Fairview Ave.
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Fairview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MASON STARTT

3 (b) If veteran, name war: -

3 (c) Social Security Account No.: -

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Meta S. Startt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1877

8. AGE: Years 71 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Kent Co., Md. (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business Self

FATHER
12. Name Gustavus Startt
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden Name Eleanor Deford
15. Birthplace Kent Co., Md.

16 (a) Informant Mrs. Meta S. Startt
(b) Address 3708 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1948, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1948 to June 22 1948, and that I last saw h alive on June 2/1948.

Immediate cause of death	Duration
Coronary Thrombosis	4 hrs/48
Due to Arteriosclerosis	1935
Due to Chr. Interstitial Nephritis	1935
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Brown M.D.
Address 1663 W. North Ave. Date signed 6/23/48

G64405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August A. Swing

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Anna Morrow Swing

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1863

8. AGE: Years	Months	Days	If less than one day
84	6	28	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: August Swing
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margareta ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Anna M. Swing
(b) Address: 3019 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 6 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earle Boyer M.D.
Medical Examiner.
Date signed

G64406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46E

Registered No. G64406

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Rockrose Ave
(c) Hospital or institution:
15 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Rockrose Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Meinster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife late Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Aaron ?
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Budinsky
15. Birthplace Russia

16 (a) Informant George Meinster
(b) Address 3524 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cemetery
Location Gerwyn Hill Road

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North Ave

JUN 25 1948 (Date rec'd by registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at 4-18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1948 to 6/24 1948
and that I last saw h[illegible] alive on 6/24 19[illegible]

Immediate cause of death Duration
Carcinoma 6 mo

Due to over

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Chidecker M. D.
Address 2225 Linden Ave Date signed

V S 150.

M. Chidecker X 17

G64407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64407

162202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital 17 E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2835 Remington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Laura Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col.	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-28-81

8. AGE: Years	Months	Days	If less than one day
66	6	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name William Stewart
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Stokes
15 Birthplace Md

16 (a) Informant Dorothy Hamilton (daughter)
(b) Address 2835 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 '48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Druid Ridge
18 (a) Funeral director [illegible]
(b) Address 1462 W. Baltimore St.

19 JUN 25 1948 (Date rec'd by registrar) (Harrington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18-1948 to 6-23-1948 and that I last saw her alive on 6-23-1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address John Hopkins Hosp Date signed 6-[illegible]-48

83a

VS 15a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 N. Kreeson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 N Kreeson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Theresa M. Dorbit

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Paul J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1885

8. AGE: Years 63 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gabriel Schutte
13. Birthplace Baltimore

MOTHER
14. Maiden Name Virginia Eickhorn
15. Birthplace Baltimore

16 (a) Informant Fred Dorbit
(b) Address 109 Hunterway (Dundalk)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Baltimore
Location

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eastern Ave

19 (a) JUN 25 1948 (b) Huntington Williams Md.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1948 at 12 A.M.

21. I certify that I took charge of the remains described above, held an INSP. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to H E R death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6-24-48

G64409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Moore St
(c) Hospital or institution:
11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Moore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel POWELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 24 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948, at 12 55 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 6/15/48

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G64410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Milton Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Cullim

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alonzo R. Cullum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1867

8. AGE: Years 81. Months 1 Days 27 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Richard Greenland
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Alonzo R. Cullum
(b) Address 1317 N. Milton Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (month) (day) (year)
(c) Cemetery or crematory XX Baker's
Location Harford Co., Md.

18 (a) Funeral director Henry Tarring & Sons
(b) Address Aberdeen, Md.

19 (Filed) JUN 25 1948 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 3.00

20. DATE OF DEATH June 23, 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 23 1948 and that I last saw h alive on June 23 1948

Immediate cause of death	Duration
Arteriosclerotic cardio vascular disease	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.

Address 147 E Easton Date signed 6-25-48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G64411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins avenue
(c) Hospital or institution:
St. Agnes.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 S. Hilton St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM L. BUPPERT

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-5423

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married~~, widowed, or ~~divorced~~: widowed

6 (b) Name of husband or wife Marie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-1889

8. AGE: Years 59 | Months 2 | Days 4 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Wm. Henry Buppert
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Catherine Kuhn
15. Birthplace Md.

16 (a) Informant MRS. Peter P. Torsia
(b) Address 217 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown - Md

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 June 1948 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 13 June 1948 to 22 June 1948 and that I last saw him alive on 22 June 1948.

Immediate cause of death: Cerebro Vascular Hemorrhage — Duration

Due to: Hypertensive Cardio Vascular Renal

Due to:

Other Conditions: Pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James E. Hamill, M. D.
Address St. Agnes Hosp Date signed 22 June 48

G64412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 Randall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Randall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Allen
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1863

8. AGE: Years	Months	Days	If less than one day
75	4	1	hr. 1873 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Mary E. Allen
(b) Address 416 Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month, day, year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director Chas. Hill
(b) Address 1501 E. Fait Ave.

JUN 25 1948 (Date rec'd by Registrar) Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/48 19 , at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20/48 19 to 6/23/48 19 , and that I last saw him alive on 6/23/48 19

Immediate cause of death Myocarditis — Duration Unknown

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen L. Sorrell, M.D.
Address 402 Edmondson Ave. Date signed 6/26/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64313

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 125B

Registered No. G64313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just came to Baltimore

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Queenstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Faith B. Reynolds (Faith Barnes Reynolds)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry C. Reynolds
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1881

8. AGE: Years 66 | Months 8 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Md. Union Bridge, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hamilton Alexander Linthicum
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Cecilia Barnes
15. Birthplace Oak Orchard, Md.

16 (a) Informant Harry C. Reynolds
(b) Address Queenstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1948 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cemetery
Location Queenstown, Md.

18 (a) Funeral director Miller Lawrence
(b) Address 4510 Liberty Heights Ave.

JUN 25 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948, to June 24 1948, and that I last saw her alive on June 24 1948.

	Duration
Immediate cause of death: Uremia	1 mo.
Due to: Subacute hepatitis	8 mo.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation Nov. 25, 1947.
Major findings of operation: Subacute hepatitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Johnson M. D.
Address Mercy Hosp. Date signed 6/28/48

150-48-11915

Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G64414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Park Circle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Landay
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-8-48
8. AGE: Years | Months | Days | If less than one day hr. 15 min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Louis Landay
13. Birthplace Md
MOTHER 14. Maiden Name Betty Lee Schwartz
15. Birthplace Md
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Dispose
18 (a) Funeral director Byrd Bros
(b) Address
19 JUN 25 1948 (Date rec'd by Registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948, at 1:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1948 to 6/8 1948 and that I last saw him alive on 6/8 1948.
Immediate cause of death Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John F. Creighton M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-11-48

VS 150

G64415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64415

Registered No. 160C

BC: 48-13204

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Saratoga & Calvert

(c) Hospital or institution: Mercy Hosp. 6th

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 122 N. Collington Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country —

3 (a) FULL NAME Baby Boy Sopel.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1948

8. AGE: Years	Months	Days	If less than one day
			1 hr. 50 min.

9. Birthplace: Balto. Md.

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Anthony Sopel

13. Birthplace —, Poland.

MOTHER

14. Maiden Name Elizabeth Thompson

15 Birthplace Bristin, Penna.

16 (a) Informant Elizabeth Sopel

(b) Address 122 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (month) (day) (year)

(c) Cemetery or crematory Mt Peters

Location Baltimore

18 (a) Funeral director George A. Farley

(b) Address Baltimore Fayette St

JUN 25 1948

19 (a) Huntington Williams Mortician

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1948, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1948 to June 23, 1948, and that I last saw h/m alive on June 23, 1948.

Immediate cause of death	Duration
Prematurity	
Miscarriage - 22 wk. fetus.	
Due to	
Sport Rupture of Membranes.	7 hours.
Due to	
Other Conditions	
Partial Separation of Placenta	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Joseph LiPuma M. D.

Address Mercy Date signed 6-23-48

VS 159

G64416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 c

G64416

Registered No.

25-82-41

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 36 Lloyd, St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME DORA Rosenkoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Herman Rosenkoff

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Aug 24 1909

8. AGE: Years 38 | Months 10 | Days 2, | If less than one day: hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER

12. Name John Mitchell ?

13. Birthplace Cumberland Md.

MOTHER

14. Maiden Name Bounce, Kerner ?

15. Birthplace Cumberland Md

16 (a) Informant Herman Rosenkoff

(b) Address 36 S. Lloyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1948 (month) (day) (year)

(c) Cemetery or crematory Leased Cemetery

Location Crispus Town Cumberland Md

18 (a) Funeral director Wendell Hoppe

(b) Address 36 S. Lloyd St

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-1948 to 6-23-1948 and that I last saw her alive on 6-23-1948.

	Duration
Immediate cause of death: Tuberculous meningitis	4 days
Due to:	
Due to:	
Other Conditions: asymptomatic neurosyphilis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Victor L. McKusick M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 6/23/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

14

G64417 G64417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3117 Southern Ave St., 7th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Jane Altland — If U. S. Veteran specify WAR ...

(a) Residence: No. 3117 Southern Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-24-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	-	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Samuel Zinger

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Rebecca Schall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Wm. Parker

(Address) 3117 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place York, Penna Date 6-25, 1948

19. UNDERTAKER John G. Moran

(Address) 3000 E. Balt. St.

20. FILED JUN 25 1948

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1948

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1948 to June 25, 1948

I last saw her alive on June 23, 1948 Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	ab. 47
Other contributory causes of importance: Chr. myocarditis	1946

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) George Sawyer M. D.

(Address) 4208 Harford Rd.

G64418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 75B

G64418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Genl. Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Kutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Howard Garrity

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lena Irma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6-1906

8. AGE: Years	Months	Days	If less than one day
41	10	19	hr. min.

9. Birthplace Balto, Md
(town, county, and state)

10. Usual Occupation Shipping Clerk
11. Industry or business Confectionery Biscuit

FATHER
12. Name Bernard Wm. Garrity
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Kilchenstein
15. Birthplace Md

16 (a) Informant Mrs. Lena I. Garrity
(b) Address 1708 Kutland Ave

17 (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director J. Luck
(b) Address 5305 Harford Rd.

19 (a) 6-25 1948 (b) Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1948, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1948 to 6-25 1948, and that I last saw h/m alive on 6-25 1948.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Congestive Splenomegaly with Banti's Syndrome	
Due to	
Other Conditions Bronchitis Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Birdsong - M.D.
M. D.
Address W.B.&H. Date signed 6-25-48

Registrar

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G64419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176

G64419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give locality)
(d) Street No. 2423 N Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN V. REED

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mabel Reed

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 13, 1888

8. AGE: Years 59 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Brooklyn (town, county, and state) NY

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name John A Reed
13. Birthplace Rockville Center NY

MOTHER
14. Maiden Name Georgiana Styles
15. Birthplace Londonderry NH

16 (a) Informant Georgiana King
(b) Address 1108 4-22nd St Millers

17 (a) Burial, cremation, or removal (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore MD

18 (a) Funeral director Wilhelm & Son
(b) Address 1217 E Pratt St

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Nilhelm, MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1948, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16/48 19..., to 6/24 1948, and that I last saw him alive on 6/23 1948.

	Duration
Immediate cause of death Paralytic Ileus	
Due to PERITONITIS	
Due to Secondary to Suppurative gastritis	
Other Conditions Resection	

(Include pregnancy within 3 months of death)

Date of operation 6/17/48

Major findings of operation: Duodenal Ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas A Bauer M. D.
Address Univ. Hosp. Date signed 6/24/48

X

G64420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 138

G64420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Bayard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Bayard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a)-FULL NAME LURETHIA GIVANS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/22/1932

8. AGE: Years 15 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Walter Givans
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Catherine Newman
15. Birthplace Balto, Md

16 (a) Informant Catherine Givans
(b) Address 1231 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/48 19 , at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1948 to June 20 1948 and that I last saw her alive on June 19 1948.

Immediate cause of death: Acute pulmonary tuberculosis — Duration: 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. J. Campler M. D.
Address 639 N. Carey St Date signed 6-22-48

VS 150

X1

G64421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓937

Registered No. G64421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Vincent St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Barlow

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-01-0372

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/1901

8. AGE: Years	Months	Days	If less than one day
47	0	13	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Brick Yard

FATHER
12. Name Thomas Barlow
13. Birthplace Va

MOTHER
14. Maiden Name Annie
15. Birthplace Va

16 (a) Informant Marie Barlow (Wife)
(b) Address 17 N. Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 Carrollton Ave

19 (a) JUN 23 1948 (Date received by Registrar) (b) Thurlington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 12 A.M. KS

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D. (Medical Examiner)
Date signed 6-24-48

X

G64422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 W. Hilton Rd.
(c) Hospital or institution:
Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 375 Evesham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: CATHERINE DAVIE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1863

8. AGE: Years 85 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Humphrey Davie
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth Kerr
15. Birthplace Scotland

16 (a) Informant Mr. C. Roland Mays
(b) Address 203 Midhurst Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (month) (day) (year)
(c) Cemetery or crematory Govans Presby. Cem.
Location Govans, Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Nibbs, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 19 48 at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun 2 1948 to Jun 22 1948 and that I last saw h alive on Jun 22 1948.

Immediate cause of death: Chronic Myocarditis — Duration 1940
Due to Coronary Sclerosis — 1948
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. R. Bisby M. D.
Address 503 Schroeder Bldg. Date signed 6/23/48

Physicians: please write the causes of death clearly and legibly. Accuracy is especially important.

G64423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G64423

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1060 Argyle ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Means (Mayers)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore + Md (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden Name unknown

15. Birthplace "

16 (a) Informant Helen W. Garett

(b) Address 1060 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location "

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Bryant Woods Ave Huntington Hollyhurst, Md.

19 (a) Filed JUN 25 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1948 to June 21 1948, and that I last saw him alive on June 21 1948.

Immediate cause of death Senility — Duration

Due to

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elroy Wilson

Address 27 N Carey Date signed 6/27/48

VS 150

1623

G64424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G64424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Ething St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred M. Hayden

3 (b) If veteran, name war

3 (c) Social Security Account No. 091-07-1224

4. Sex Female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clarence Hayden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1907

8. AGE: Years 40 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Restaurant

FATHER 12. Name Otho Mackey

13. Birthplace Md.

MOTHER 14. Maiden Name Mabel Pierson

15. Birthplace Md.

16 (a) Informant Clarence Hayden husband

(b) Address 2233 Ething St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director John McDaniel

(b) Address 1700 Druid Hill Ave

19 JUN 25 1948 (Date received by Registrar) (b) Signature for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2 1948 to 6-23 1948, and that I last saw deceased alive on 6-23 1948

Immediate cause of death: Cirrhosis of the Liver — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Garner

Address 5514 Durham St. Date signed 6/23/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C64 1886

BALTIMORE CITY HEALTH DEPARTMENT X ✓ C64325

CERTIFICATE OF DEATH 92B

Registered No. 20772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Admiral Blvd
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Edgar Keyes Jr ✓
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-8-29

8. AGE: Years 18 | Months 8 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name John Edgar Keyes
13. Birthplace Va

MOTHER 14. Maiden Name Lillian Luttrell
15. Birthplace Va

16 (a) Informant John E. Keyes
(b) Address 32 Admiral Blvd, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Roland L. Fisher
(b) Address 2[illegible]2 Dundalk Ave.

19 (a) JUN 25 1948 (Date rec'd by registrar) Routing for Williamsport Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-1948, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1948, to 6-23 1948, and that I last saw him alive on 6-23-1948.

Immediate cause of death	Duration
Pulmonary Hemorrhage	2 weeks
Due to Mitral Stenosis	} 1½ yrs
Due to Rheumatic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Hoff, M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 24 June 48

VS 150

X

G64426

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 94a

Registered No. G64426

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (Dundalk 22) (If outside city or town limits, write RURAL and give town)
(d) Street No. 43 Admiral Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry Gunter
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Margaret A. Gunter
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 6, 1884
8. AGE: Years 64 Months 6 Days 17 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business National Distillery

FATHER
12. Name Herman Gunter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha Von Sheid
15. Birthplace Germany

16 (a) Informant Mrs. Margaret A. Gunter
(b) Address 43 Admiral Blvd. Dundalk
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location 7225 Eastern Ave.
18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.
19 (a) (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1948 to 6-23 1948, and that I last saw h... alive on 6-23 1948.

Immediate cause of death Cardiac failure — Duration

Due to Massive Coronary Occlusion (Thrombosis)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert M. Carnige M. D.
Address 6226 Everall Ave Date signed 6-27-48

VS 150

C61427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

Registered No. C61427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David E. Green

3 (b) If veteran, name war: World I
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Irene W.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 4-1891
8. AGE: Years 56 | Months 9 | Days 19 | If less than one day: hr. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Seed & Grain

FATHER
12. Name Robert B. Green
13. Birthplace Va.

MOTHER
14. Maiden Name
15. Birthplace Va

16 (a) Informant Irene W. Green
(b) Address 1704 Harlem Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto. City
18 (a) Funeral director Samuel W. Sullivan Jr
(b) Address 1011 W. Arlington Ave
19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 7.00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1948 to 6/23 1948 and that I last saw him alive on 6/16 1948.

Immediate cause of death	Duration
Myocardial Failure	
Due to Hypertensive C-V Disease	4 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Preston Grant M.D.
Address 601 N. Carrollton Date signed 6/28/48

V S 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ G64428

Registered No. 13B

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forest Street
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 years
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Hamilton Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence J. Adams

3 (b) If veteran, name war

3 (c) Social Security Account No. Had none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Francis B Knight-Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1881

8. AGE: Years 66 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Camden, New Jersey (Town, county, and state)

10. Usual Occupation Builder

11. Industry or business

FATHER 12. Name John B. Adams

13. Birthplace Adamstown N.J.

MOTHER 14. Maiden Name Phoebia Elkey

15. Birthplace Bakersville, New Jersey

16 (a) Informant Deceased

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 25 48 (month) (day) (year)

(c) Cemetery or crematory Pleasantville Cem.

Location Pleasantville N.J.

18 (a) Funeral director Wm. J. Tubens & Sons

(b) Address 20th & Venon Aves

19 (a) JUN 25 1948 (Date rec'd by registrar) (b) Huntington Williams, Mgr.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1948, at 1 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1947 to 6-25 1948. and that I last saw h~~im~~ alive on 6-24 1948.

Immediate cause of death Tuberculous Pneumonia — Duration

Due to Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry W. D. Hölles M. D.

Address Maryland Penitentiary Date signed 6-25-48

X

G64429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 N. Streeper St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 636 N. Streeper St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Tucek

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3813

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of [redacted] or wife Anna (nee Panuska)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1890

8. AGE: Years	Months	Days	If less than one day
57	10	17	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Crown Can Company

FATHER
12. Name Frank Tucek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Barbara Pospisil
15 Birthplace Czechoslovakia

16 (a) Informant Mrs. Anna Panuska Tucek - wife
(b) Address 636 N. Streeper Street

17 (a) Burial (b) Date thereof 6/26/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 JUN 25 1948 (Huntington Williams) Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1948 to June 22 1948 and that I last saw h[redacted] alive on June 22 1948

Immediate cause of death — Duration
Coronary Thrombosis — 6/22/48
Due to
Due to Ch. Myocarditis — 6-1-48 / 6-1-48
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Ryan M.D.
Address 8014 Cedarcroft Rd Date signed 6/23/48

G64430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64430 Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 N. Luzerne Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N. Luzerne Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Krulich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband of ~~XXX~~ James Krulick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 6, 1889

8. AGE: Years 58 | Months 11 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Joseph Pitl
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Josefa Babka
15. Birthplace Czechoslovakia

16. (a) Informant Mr. James Krulick - husband
(b) Address 507 N. Luzerne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/1948 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

JUN 25 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1947 to June 23 1948, and that I last saw h~~er~~ alive on June 23 1948

Immediate cause of death	Duration
Diabetic Coma	6/21/48
Due to Diabetes Mellitus	7/5/47
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rydonek M.D.
Address 801 4 Kenwood Ave Signed 6/25/48

X

G64431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54a

G64431
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Shinston (If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Hursey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-27-14

8. AGE: Years 33 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Burnell Cain
13. Birthplace W. Va.

MOTHER
14. Maiden Name Fannie Prunty
15. Birthplace W. Va.

16 (a) Informant Mr. Carr (husband)
(b) Address Shinnston W. Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 26 48 (month) (day) (year)

(c) Cemetery or crematory
Location Clarksburg W. Va.

18 (a) Funeral director Wm. P. Lickner & Sons
(b) Address 1800 Eastern Ave

19 (a) JOHNS HOPKINS HOSPITAL (b) Huntington Williams M.D.
(Date rec'd by registrar)

JUN 25 1948

MEDICAL CERTIFICATION

10 A

20. DATE OF DEATH June 25 1948, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948, to June 25 1948, and that I last saw her alive on June 25 1948

Immediate cause of death	Duration
ASTROCYTOMA, RT. OCCIPITAL LOBE OF BRAIN	9 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation MAR. 16, 1948

Major findings of operation: ASTROCYTOMA, RT. OCCIPITAL LOBE

of autopsy: RECURRENT ASTROCYTOMA

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Green M. D.
Address JOHNS HOPKINS HOSPITAL Date signed June 25, 1948

VS 150

Be sure the causes of death clearly and legibly. Physicians: please write the cause as especially important.

G64432 0316

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64432

CERTIFICATE OF DEATH 94a

Registered No. 15364

Print the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Rockville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Trout

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1903

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Md (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John W. Trout
13. Birthplace Md

MOTHER 14. Maiden Name Rosa ?
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Potomac Church Cemetery
Location Potomac, Maryland

18 (a) Funeral director Wm. Rawlen Trumpey
(b) Address Bethesda, Maryland

19 JUN 26 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1948, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1948, to 6-24 1948, and that I last saw him alive on 6-24 1948.

Immediate cause of death	Duration
Pulmonary Embolism	5 hours
Due to Thrombophlebitis, right leg	
Due to	
Other Conditions Lung abscess, mitral thrombi, hemiplegia (Include pregnancy within 3 months of death)	4 months

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Frol M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 25 June '48

VS 150

1003

133 AB-79840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. 061433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 68yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 E. 22nd. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zilpha A. Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Charles (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31- 1866

8. AGE: Years	Months	Days	If less than one day
82	2	23 24	hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation On relief

11. Industry or business

FATHER
12. Name Peter Rambo
13. Birthplace Canada

MOTHER
14. Maiden Name Kate Pickard
15. Birthplace Ohio

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6/28/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 26 1948 (b) Registered by
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION AM

20. DATE OF DEATH June 24- 1948, at 10.15M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15- 1943, to 6-24- 1948, and that I last saw her alive on 6-24- 1948

Immediate cause of death	Duration
Coronary Thrombosis	1 hr
Due to	
Due to	
Other Conditions Arteriosclerotic Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marvin M. Lacy, M.D.
M. D.
Address Baltimore City Hospitals Signed 6-24-48

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Josephine Hahn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Herman Hahn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20th 1887

8. AGE: Years 60 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name Henry Hurgdalmeyer

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Omsen

15. Birthplace Germany

16 (a) Informant Elsa Coleman

(b) Address 1909 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)

(c) Cemetery or crematory Bachman's

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) JUN 26 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1948, to 6-25 1948, and that I last saw h.r. alive on 6-25 1948.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic C.V. Disease

Due to

Other Conditions Phlebitis

(Include pregnancy within 3 months of death)

Date of operation 6-21-48

Major findings of operation: Phlebitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.

Address Franklin Sq Hosp Date signed 6-25-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

C64435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

C64435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Eutaw St
(c) Hospital or institution South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 942 Broadwell (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence ~~Blackstock~~ Urquheart

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Surry Co. Va (Town, county, and state)

10. Usual Occupation
11. Industry or business Machine Operator

FATHER
12. Name Alonzo Urquheart
13. Birthplace Va

MOTHER
14. Maiden Name Eva Phillips
15. Birthplace Va

16 (a) Informant Eva Urquheart
(b) Address 623 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 48 (month) (day) (year)
(c) Cemetery or crematory Wakefield Va
Location

18 (a) Funeral director James A Stamps
(b) Address 142 W Pratt St

19 (a) JUN 26 1948 (Date rec'd by registrar) (b) Thomas Lynn Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 8:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1948, to June 23 1948, and that I last saw him alive on June 23 1948.

Immediate cause of death: Sub arachnoid Hemorrhage — Duration: 6 days
Due to ruptured Aneurysm Basilar Artery
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirms above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold Dillon M.D.
Address South Balto Gen Hosp Date signed 6/23/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G64436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64436

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 334 Forest Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lelia Lula Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	married

6 (b) Name of husband or wife Percell Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1896

8. AGE: Years	Months	Days	If less than one day
51	6	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wellie Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Walker
15. Birthplace Virginia

16 (a) Informant Robert L. Jones
(b) Address 334 Forest Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Joseph L. Locke
(b) Address 1204 N. Central Ave

19 (a) JUN 26 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24- 1948 at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1948 to 6-24 1948 and that I last saw her alive on 6-24 1948.

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	
Due to (b) uremia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Scott M.D. M. D.
Address Mercy Hospital Date signed 6-24-48

G64437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G64437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Mercy Hosp. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 265 Calvin St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Louise Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 44 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER 12. Name Thomas Henry

13. Birthplace Harrisburg Pa

MOTHER 14. Maiden Name Lara Norris

15. Birthplace Md

16 (a) Informant Lara Henry

(b) Address 420 Chestnut Ext

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Balto County

18 (a) Funeral director Williams & Jackson

(b) Address 916 Penna Ave

19 (a) JUN 26 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 7:55 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure.

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at ..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work?.....
(d) Means of injury.....

23. Signature Georgia Merrill M.D.
Medical Examiner.
Date signed 6-25-48

VS 151

C64438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C64438

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 N. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Snead

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Bessie Snead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 12/4/882

8. AGE: Years	Months	Days	If less than one day
65	6	20	hr. min.

9. Birthplace NC
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name John Snead
13. Birthplace NC

MOTHER
14. Maiden Name unknown
15. Birthplace NC

16 (a) Informant Bessie Snead
(b) Address 1028 N Mount St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Wilgrans A Jackson
(b) Address 916 Penna Ave

19 (a) JUN 26 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1948 to June 24 1948, and that I last saw him alive on June 24 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Garland Schmidt M. D.

Address 1534 Druid Hill Ave Date signed June 25 '48

VS 150

G64439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3215 LYNDALE Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 LYNDALE Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIA T. BRANNOCK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife CHARLES V. BRANNOCK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 29, 1884

8. AGE: Years 64 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace CAMBRIDGE MD.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name JOSEPH H. TEVILLEY
13. Birthplace DORCHESTER Co. MD.

MOTHER
14. Maiden Name MOLLIE TEVILLEY
15. Birthplace DORCHESTER Co. MD

16 (a) Informant MR. CHARLES V. BRANNOCK
(b) Address 3215 LYNDALE Ave

17 (a) BURIAL (b) Date thereof 6/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location WOODLAWN Co. MD

18 (a) Funeral director John T. Tickner & Sons
(b) Address BALTO. MD.

19 JUN 26 1948 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1948, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 6/23 1948.

Immediate cause of death Coronary Thrombosis. — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Graves M. D.
Address 3400 Edmondson Ave Date signed 6/28/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 21
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 Ridgehill Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Ethel Reuther

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John Philip Reuther
Alive 6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 10/3/1900

8. AGE: Years	Months	Days	If less than one day
47	8	18	..... hr. ..... min.

9. Birthplace ..... (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name CHARLES C. OLINE
13. Birthplace Pa.

MOTHER
14. Maiden Name BERTHA SHINDLEDECKER
15. Birthplace Pa.

16 (a) Informant JOHN P. REUTHER
(b) Address 1946 RIDGEHILL Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location BALTO Co. MD

18 (a) Funeral director WM. J. TICKNOR & SONS
(b) Address BALTO, MD.

19 JUN 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/48 19..., at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18/48 19..., to 6/25/48 19..., and that I last saw her alive on 6/25/48 19...

Immediate cause of death	Duration
Pulmonary embolism & hemorrhage from lungs	1 wk.
Due to chronic auricular fibrillation	2 years
Due to Old Rheumatic Heart disease & mitral stenosis	? Years
Other Conditions Cardiac cirrhosis	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Barry H. Fox, M.D.
Address Union Memorial Hospital Date signed 6/25/48 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 Shoy Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Shoy Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel G. Holland

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-24-8974

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lamie Dorsey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1869

8. AGE: Years 78 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Elkridge Md.
(Town, county, and state)

10. Usual Occupation Planter

11. Industry or business Retired Valet

FATHER
12. Name Daniel Holland
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jane Beck
15. Birthplace Maryland

16 (a) Informant Mrs. Gladys Denny
(b) Address 2320 Shoy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director Robert L. Young
(b) Address 1216 N. Caroline St.

19 (a) JUN 26 1948 (Date rec'd by registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1948 to June 23 1948 and that I last saw him alive on June 21 1948.

Immediate cause of death Coronary Embolism — Duration June 23, 1948

Due to Cardiac - Uncontrolled diabetes — Duration Couple yrs

Due to (b) Cerebral accident with Hemiplegia (left) — Duration 6/6/48

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: — None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L. Young, M. D.
Address 1429 E. Monument Date signed 6/24/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G64442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G64442 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 850 W. 37th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 W. 37th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** J. Wilbur Towson Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-03-5188

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maude E. Towson
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1882

8. AGE: Years	Months	Days	If less than one day
65	8	6	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Hardware merchant

FATHER
12. Name James H. Towson.
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Eagle
15. Birthplace Md.

16 (a) Informant Maude E. Towson
(b) Address 850 W. 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Paul C. Chenoweth Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) JUN 26 1948 (b) Registered by Registrar Huntington Williams, M.D. Registrar

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1945 to June 24 1948 and that I last saw him alive on June 24 1948.

Immediate cause of death	Duration
Myocarditis	
Due to Chronic Nephritis	
Due to Arteriosclerosis	3
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. H. Smith M. D.
Address 3429 Chestnut Ave. Date signed 6/25/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G64443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City ~~or County~~ Maryland
(b) Street address Eutaw Pl. & Brooks Lane. Cylburn Court Apts.
(c) Hospital or institution:
13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cylburn Court Apts. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE REIZENSTEIN.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 11, 1878.

8. AGE: Years	Months	Days	If less than one day
70	3	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business

FATHER
12. Name William Reizenstein,
13. Birthplace Germany.

MOTHER
14. Maiden Name Louise ?
15. Birthplace Germany.

16 (a) Informant Mrs. L. Robinson,
(b) Address 2223 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/ 27 /48. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Har Sinai
Location Balto. Md.

18 (a) Funeral director David Lowenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) JUN 26 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th. 1948 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1948 to June 25th 1948, and that I last saw h[illegible] alive on June 25 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Rt)	11 days
Due to Arterio-Sclerosis	?
Due to Age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael A. Abrams M. D.
Address 1820 Eutaw Place. Date signed June 26 1948

VS 150

G64444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G64444

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 W Lexington St
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Powhatan Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Milton Solomon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1886

8. AGE: Years	Months	Days	If less than one day
61	11	18	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER
12. Name Israel Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Lurie
15. Birthplace Russia

16 (a) Informant Mrs Lillian Solomon
(b) Address 3400 Powhatan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 JUN 26 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 11.45

20. DATE OF DEATH June 24 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to June 1948, and that I last saw h. im alive on June 15 1948.

Immediate cause of death	Duration
Coronary Thrombosis	15 min
Due to Hypertension	5 yrs.
Due to Arteriosclerosis	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel J Edwards M. D.
Address 2520 Eutaw Pl. Date signed 6/24/48

VS 150

G64345 BC 45655 G64345

37th Lieut.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120248 157E

Registered No. G64345

CM.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution:
Balto. City Hospitals 91
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E 28th ST. Z 18
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Weldon Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15-1946

8. AGE: Years	Months	Days	If less than one day
2	2	9	hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Weldon Rice
13. Birthplace MD.

MOTHER
14. Maiden Name Adlean Rice
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 26, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUN 26 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 24 - 1948, at 4.36 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 7 - 1948 to 6- 24 -1948 and that I last saw him alive on 6- 24 -1948

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Cardiac Enlargement + Tamponade	2yr? 1 day
Other Conditions Pneumonia (Virus?)	2 wks

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Julian P. Thaffin M. D.
Address Balt City Hosps Date signed June 24. 48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

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1446 19½ inwardly GM. 120560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

Registered No. 46346

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Tinsley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Ernest
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13-1909

8. AGE: Years	Months	Days	If less than one day
39	5	10	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Wright
13. Birthplace VA.

MOTHER
14. Maiden Name Bertha ?
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location Balto. Co.

18 (a) Funeral director Mrs. Geo. W. Kellam
(b) Address 1631 Druid Hill Ave.

19 JUN 26 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-1948, at 10.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18-1948 to 6-23-1948, and that I last saw her alive on 6-23-1948.

Immediate cause of death	Duration
Pyelonephritis	1 week
Due to	
Due to	
Other Conditions Cystitis, Cholelithiasis, Bacteriuria (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Levy, M.D. M. D.
Address Baltimore City Hosp. Date signed 6-24-48

VS 150

G61447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 47c

Registered No. G61447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Georgia Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Clara

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): 1845

8. AGE: Years: 53 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Railroad car-man

11. Industry or business

FATHER
12. Name: ALEXANDER WILLIAMS.
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: ROSE KAPLEVIA.
15. Birthplace: GERMANY

16 (a) Informant: MRS. WILLIAM WILLIAMS
(b) Address: 2817 GEORGIA AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd

18 (a) Funeral director: John F. Denny Sue
(b) Address: 715 Light St.

19 JUN 26 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/25 1948, at 9:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1948, to 6/25 1948, and that I last saw him alive on 6/24 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	1 day
Due to Bronchogenic carcinoma right lung, with multiple metastases	6 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 6/25/48 - Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Alfred H. Dann M. D.
Address: Maryland General Hosp. Date signed 6/25/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

G64448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G64448

Please write plainly with pen or pencil and legibly. Use the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2658 HARFORD RD
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2658 HARFORD RD.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME JULIUS HERMAN WARTHER.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: HELEN A. WARTHER
6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Nov. 19, 1871

8. AGE: Years: 76 | Months: 7 | Days: 5 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)

10. Usual Occupation: CABINET MAKER

11. Industry or business

FATHER
12. Name: UNKNOWN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: MRS LEONA V. CHAMBERS
(b) Address: 2658 HARFORD RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 28 48 (month) (day) (year)
(c) Cemetery or crematory: ST PAUL'S LUTHERAN
Location: VIOLETVILLE, MD.

18 (a) Funeral director: JOHN F. DENNY, INC.
(b) Address: 715 LIGHT ST -30-

19 JUN 26 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to June 24 1948 and that I last saw h[illegible] alive on June 23 1948.

Immediate cause of death	Duration
Carcinoma of Prostate	2 years
Due to	
Due to	
Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	4 years

Date of operation: Nil
Major findings of operation: No
of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Nil
(b) Date of occurrence — at M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: None

23. Signature: E. R. Geary M.D.
Address: 5106 Harford Rd Date signed: 6/25/48

G64449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G64449

Physicians: please write the causes of death clearly and legibly. Cause of age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1026 Williams St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacqueline Freeman

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 4-26-43

8. AGE: Years 5 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name John Freeman
13. Birthplace Del.

MOTHER
14. Maiden Name Frances Burkman
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 (month) 29 (day) 48 (year)
(c) Cemetery or crematory GLEN HAVEN
Location RITCHIE HIGHWAY

18 (a) Funeral director JOHN F. DENNY, INC
(b) Address JOHNS HOPKINS HOSPITAL 715 LIGHT ST. -30

19 (a) JUN 26 1948 (Date rec'd by registrar) (b) Huntingtown Calvert, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 1 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24-1948, to 6-25-1948, and that I last saw h alive on 6-25-1948.

	Duration
Immediate cause of death Ventricular fibrillation Congenital heart disease	
Due to Developed during	
Due to operation	
Other Conditions	

(Include pregnancy within 3 months of death) 8

Date of operation 6-24-48

Major findings of operation: Patent ductus arteriosus

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan S. Wolfe M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6/25/48

G64430

Dr. Thomas
Edmonds & 32nd
Harford

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G64430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3525 Ailsa Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3525 Ailsa Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna May Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Alfred E. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1914

8. AGE: Years 34 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Arthur Wright
13. Birthplace Md. Penna

MOTHER
14. Maiden Name Anne Goodling
15. Birthplace Md. Penna

16 (a) Informant Mr. Alfred E. Brown
(b) Address 3525 Ailsa Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) JUN 26 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 19 48, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 19 48 June 25
and that I last saw h[illegible] alive on June 24 19 48

Immediate cause of death Carcinoma Cervix — Duration 3 yrs

Due to Metastasis — 2 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 4

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 5305 Harford Rd Date signed 6/26/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

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064451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. 064451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E 20th St. Balto 18
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Donahue (FLORANCE E. DONOHUE)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1885

8. AGE: Years 63 | Months 4 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Balto., MD.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Thomas F. Gray
13. Birthplace Balto., MD

MOTHER
14. Maiden Name Catherine Owens
15. Birthplace Balto., MD.

16 (a) Informant Susan M. McGhee Sister
(b) Address 436 E. 20th St. Balto 18.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.
Location City

18 (a) Funeral director WIEDEFELD & SON

(b) Address GREENMOUNT AVE & 22ND

19 JUN 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1948, at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1945 to 6-24 1948, and that I last saw her alive on 6-24 1948.

Immediate cause of death Cirrhosis of Liver — Duration 3 yrs

Due to —

Due to —

Other Conditions Arteriosclerosis & Cerebral Vascular Acc
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: Cirrhosis of Liver (acute chronic)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Evans M. D.

Address Cockeysville, MD. Date signed 6-24-48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

MUMMERT

G64452

BALTIMORE CITY HEALTH DEPARTMENT X 61

CERTIFICATE OF DEATH

Registered No. G64452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY MUMMERT

3 (b) If veteran, name war NONE

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife HENRIETTA J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-27-1873

8. AGE: Years 75 | Months 3 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Jacob M. Mummert
13. Birthplace York Co. Pa.

MOTHER
14. Maiden Name Mendilla Lambert
15. Birthplace York Co. Pa.

16 (a) Informant. Hospital Records
(b) Address University Hospital

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 6-26-48 (month) (day) (year)

(c) Cemetery, or ~~Crematory~~ St. Bartholmews
Location Hanover Pa.

18 (a) Funeral director H. J. Tilden + Sons
(b) Address York + Pa. Aves. Funeraltor Baltimore, Md.

19 (a) JUN 26 1948 (Date received by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/48 19 , at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/48 19 to 6/26/48 19 , and that I last saw him alive on 6/26/48 19 .

Immediate cause of death Respiratory failure

Due to Cerebral hemorrhage

Due to

Other Conditions Diabetis Mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature
Address Date signed 6/26/48

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 064453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — AILSA
(b) Street address — 2807 Auena Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — ?
(e) Length of stay in Baltimore (yrs., mos., or days) — life

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 2807 Auena Av (If rural give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3 (a) FULL NAME — Jennie V Bell

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — No

4. Sex — Female
5. Color or race — White
6 (a) Single, married, widowed, or divorced. — Married
6 (b) Name of husband or wife — Clement T Bell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — January 9-1876

8. AGE: Years — 72 | Months — 5 | Days — 16 | If less than one day — 15 hr. ... min.

9. Birthplace — Baltimore Md (Town, county, and state)

10. Usual Occupation — House wife

11. Industry or business

FATHER
12. Name — ? Wendt
13. Birthplace — Baltimore Md

MOTHER
14. Maiden Name — Caroline ?
15. Birthplace — Baltimore Md

16 (a) Informant — Ada Dieckmann Daughter
(b) Address — 2807 Auena Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — 6-28-48 (month) (day) (year)
(c) Cemetery or crematory — Oak Lawn
Location — Eastern Ave.

18 (a) Funeral director — Libby & Zeilenga
(b) Address — 1901 Eastern Ave.

19 (Date received by local registrar) — 6-26-1948 (Washington Hill Maryland)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH — June 24 1948 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1947, to June 24 1948, and that I last saw her alive on June 24 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 d.
Bronchial Pneumonia	3 d.
Due to Chronic Arteriosclerosis	1 yr.
Due to Chr. Interstitial Nephritis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature — J. F. A. Stevens M. D.
Address — 2878 Harford Rd Date signed — 6 26 48

Asl 6 G64454 — G64454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

Registered No. 64999

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 E Broadway (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Greece

3 (a) FULL NAME Cleas Psaroudis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-00

8. AGE: Years 48 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Anthony Psaroudes

13. Birthplace Greece

MOTHER 14. Maiden Name Elpida Fotanikis

15. Birthplace Greece

16 (a) Informant Leo Mastros

(b) Address 6646 Holabird ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)

(c) Cemetery or crematory Greek Cem

Location Windber, Md Rd

18 (a) Funeral director Lambros Inc JOHNS HOPKINS HOSPITAL

(b) Address 440 E North ave Baltimore 2, Md

Jun 27 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-48, at 600P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1948 to 6-23 1948 and that I last saw him alive on 6-23 1948

Immediate cause of death	Duration
Acute myocardial infarction	5 days
Due to Coronary atherosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob JOHNS HOPKINS HOSPITAL M. D.

Address Date signed 24 June 48

VS 150

G64455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Green St. (If rural give location)
(e) Citizen of foreign country? Greece (Yes or No)
If yes, name country

3 (a) FULL NAME George Vasily

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. None

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name V
13. Birthplace V

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant James Kountoules
(b) Address 2404 Elsinor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Greek Cemetery
Location Windsor Mill Rd

18 (a) Funeral director Lambros Funeral
(b) Address 440 E. North ave

19 JUN 27 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 12 55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure
Arteriosclerotic cardiovascular disease
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Lyon M.D.
Medical Examiner.
Date signed June 25, 1948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 181

G64456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G64456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Ailsa Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Ailsa Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SALLIE M. BANDEL

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George A. Bandel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1861

8. AGE: Years	Months	Days	If less than one day
86	11	2	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas A. Bruscup
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. J. Howard Bandel
(b) Address 2901 Ailsa Ave., Balto. 14, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto., Md.
18 (a) Funeral director Lonsdale Funeral Home
(b) Address 7401 Belair Road
19 (a) JUN 27 1948 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th, 1948, at 8:33PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1948 to 6/25 1948 and that I last saw h alive on 6/25 1948

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wilson Galley M. D.
Address 503 Harpwood Rd Date signed 6/26/48

VS 150

G64457

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 45F

G64457 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important. The accuracy supplied...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 171 days
(e) Length of stay in Baltimore (yrs., mos., or days): 171 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Harford
(c) City or town: Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No.: 304 Juanita St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: RAYMOND FRANCIS FILLION

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No.: 212-18-5815

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lottie Wood Fillion
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Sept. 27, 1886

8. AGE: Years: 61 | Months: 8 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Wilmington, Del. (Town, county, and state)
10. Usual Occupation: Railroad worker
11. Industry or business:

FATHER
12. Name: James Fillion
13. Birthplace: Wilmington, Del.

MOTHER
14. Maiden Name: Mary Kelley
15 Birthplace: Del.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 29 48 (month) (day) (year)
(c) Cemetery or crematory: Angel Hill
Location: Havre De Grace

18 (a) Funeral director: Pennington & Son
(b) Address: Havre De Grace Md

JUN 27 1948 (Date rec'd by registrar) (b) Pennington Williamsville Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1948, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1948 to June 25 1948, and that I last saw h im alive on June 25 1948.

Immediate cause of death: Sqamous cell Carcinoma of left anterior tonsillar pillar, grade II — Duration: 6 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: Biopsy 5-27-47
Major findings of operation: same as above
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature] M. D.
Address: U.S. Marine Hospital Date signed: 6-26-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64458 — 465-601

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46B

G64458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Evansburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N Center St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Raymond G. Holsing

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 5-14-91

8. AGE: Years	Months	Days	If less than one day
57	1	13	..... hr. ..... min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Bank Clerk
11. Industry or business

FATHER
12. Name William Holsing
13. Birthplace Pa.

MOTHER
14. Maiden Name Annabelle Bryson
15. Birthplace Pa.

16 (a) Informant Johns Hopkins Hosp.
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location Evansburg Pa.

18 (a) Funeral director J. W. Aiken Pa.
(b) Address Funeral Director (Cemetery or Crematory), Md.

19 JUN 27 1948 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 1 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23- 1948, to 6-27- 1948 and that I last saw him alive on 6-27- 1948.

Immediate cause of death	Duration
Respiratory failure due to	
Due to Metastatic carcinoma liver	
Due to Primary site undetermined	
Other Conditions Carcinoma stomach	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-27-48

VS 150

G64459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 No Charles St.
(c) Hospital or institution Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. New Howard Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Perlow
15. Birthplace Russia

16 (a) Informant Mrs Daniel Brown
(b) Address Temple Garden Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (month) (day) (year)
(c) Cemetery or crematory United Hebrew
Location Washington Boulevard

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1948, at 6 H M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1948, to 6/25 1948, and that I last saw h alive on 6/25 1948.

Immediate cause of death	Duration
(a) Acute Cerebral Hemorrhage	
Due to (b) Arteriosclerosis	
Due to (c) Diabetes	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. L. Homstein
Address 204 E. Biddle St Date signed 6/26/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

VS :50

446227 C64460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. C64460

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information asked for must be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012½ Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Abramson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: David Abramson

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 2-26-12

8. AGE: Years 36 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name Max Perman
13. Birthplace Russia

MOTHER
14. Maiden Name Lelia Levine
15. Birthplace Md

16 (a) Informant records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (month) (day) (year)
(c) Cemetery or crematory
Location New Friendship

18 (a) Funeral director Jack Lewis Inc
(b) Address [illegible] Place

JUN 27 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June-26-1948 at 2 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-1948 to 6-26-1948, and that I last saw her alive on 6-26-1948.

Immediate cause of death Carcinomatosis — Duration 4 wks.

Due to Carcinoma of breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 47

Major findings of operation: Carcinoma of breast

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address JOHNS HOPKINS HOSPITAL Date signed 6-26-48

X

G64461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64461 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1 Green St

(c) Hospital or institution: University Hos 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2516 Quantico Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lena Morowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Meyer Lewis

13. Birthplace Russia

MOTHER 14. Maiden Name Lebba

15 Birthplace Russia

16 (a) Informant Mrs Mollie Morowitz

(b) Address 2516 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-48 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phila Rd Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 216 Eutaw Place

JUN 27 1948 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 9 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1948, to 6-25 1948, and that I last saw her alive on 6-25 1948.

Immediate cause of death	Duration
Cardio Resp Failure	
Arteriosclerotic H. Disease auricular fibrillation	
Due to multiple apoplectic emboli	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benjamin L. Jamison M. D.

Address University Hosp Balto. Md. 939 Date signed 6-25-48

Registrar Huntington Williams, MD

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

C 34462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

C 34462 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Dorchester Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Dorchester Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Sacks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rachael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Lith
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Peretz

13. Birthplace Lith

MOTHER 14. Maiden Name Sarah

15. Birthplace Lith

16 (a) Informant Rachael Sacks

(b) Address 3807 Dorchester Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

19 (a) (Date rec'd by registrar) (b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1948 to 6-26 1948 and that I last saw him alive on 6-26 1948

Immediate cause of death: Cancer of lung — Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation March, 1948

Major findings of operation: Cancer of lung

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irvin Sarby M. D.

Address 3003 Garrison Blvd Date signed 6-27-48

G64463

120534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64463 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1452 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SZCZEPAN Stephen Okrasinski
3 (b) If veteran, name war
3 (c) Social Security Account No. 218070856

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Alexandria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1875

8. AGE: Years	Months	Days	If less than one day
73	-	19	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Long Shoreman
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name Rosalea ?
15. Birthplace Poland

16 (a) Informant Records Balto. City Hospitals
(b) Address 1040 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Brazenwski
(b) Address 1930 Eastern Ave

19 (a) (Signature of local registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 25 1948 at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1948 to 6 25 1948, and that I last saw h[im] alive on 6 25 1948

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis
Due to
Other Conditions Benign Hypertrophy of Prostate. H.C.V.D
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcin M. Lacy, M.D. M. D.
Address Baltimore City Hosp. Date signed 6-26-48

VS 150

83a

G64464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary T. Scriven (Mary Theresa Scriven)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William B. Scriven

6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr) March 5, 1884

8. AGE: Years 64 | Months 3 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry Geldmacher
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. William B. Scriven
(b) Address 5315 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29,1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Wells Funeral
(b) Address 4510 Liberty Heights Ave.

19 JUN 27 1948 (Date rec'd by registrar) (b) Huntington for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1948 at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 22 Jun 19 48 to 26 June 19 48 and that I last saw h alive on 26 Jun 48

Immediate cause of death Sepsis — Duration 4 day

Due to Diabetic gangrene right foot — 6 days

Due to Diabetes mellitus — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Allan Spurr

Address Md. Gen. Hosp Date signed 26 Jun 48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

VS 15?

64465 — BALTIMORE CITY HEALTH DEPARTMENT — 64465

CERTIFICATE OF DEATH

Registered No. 823a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 575 Presstman St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 575 Presstman St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country —

3 (a) FULL NAME James Harry Owings Jr.

3 (b) If veteran, name war —

(c) Social Security Account No. 216-09-1449

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24-1906

8. AGE: Years	Months	Days	If less than one day
42	1	1	hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Private Family

FATHER
12. Name J. Harry Owings
13. Birthplace Md.

MOTHER
14. Maiden Name Emma J. Snowden
15. Birthplace Md.

16 (a) Informant Beatrice V. Dabney Sister
(b) Address 575 Presstman St.

17 (a) Burial (b) Date thereof 6-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave.

19 (a) JUN 29 1948 (b) Huntington Williams
(Date rec'd by registrar)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1948 to 6/25 1948.
and that I last saw him alive on 6/25 1948

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 hr
Due to: Apoplexy
Due to: Hypertension — 1 yr
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury —
23. Signature H. P. Vaughan M. D.
Address 825 N. Eutaw St. Date signed 6/26/48

X

G64466

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64466 Registered No.

CERTIFICATE OF DEATH 46H

Please write the causes of death clearly and legibly; correct age is especially important. Physicians: please write carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Leigh Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Raleigh, N. C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Hillsboro St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Olmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Helen F Olmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1910

8. AGE: Years	Months	Days	If less than one day
38	4	8	hr. min.

9. Birthplace Yale, Mich. (Town, county, and state)
10. Usual Occupation Teaching, Chemistry
11. Industry or business

FATHER
12. Name Henry P. Olmer
13. Birthplace Detr. Mich.

MOTHER
14. Maiden Name Mary Nil Skinner
15 Birthplace Ont. Can.

16 (a) Informant Mrs. Helen T Olmer
(b) Address 314 Hillsboro St Raleigh NC

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27/48 (month) (day) (year)
(c) Cemetery or crematory Mountlawn
Location Raleigh, N. C.

18 (a) Funeral director L. G. Ryder
(b) Address 5305 Hayford Rd.

19 (a) (Date received by registrar) (b) Huntington Pittsburgh, Pa.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 12.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1948 to 6-27 1948 and that I last saw h alive on 6-27 1948.

Immediate cause of death	Duration
Respiration Embarrassment	
Pandemitis	
Due to Edema, myxo sarcoma	
Metastatic tumors	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Retroperitoneal
Major findings of operation: Edema, ascites
To OR 6-22-48
of autopsy: see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Leigh Hospital Date signed 6-27-48

X

G64467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 S. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Giovina Innocente Monteferrante

3 (b) If veteran, name war: none
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: xxxxx Francesco P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 17 1884

8. AGE: Years 64 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Joseph ~~Santore~~ Sputore
13. Birthplace: Italy

MOTHER
14. Maiden Name: Rosaria Lenme
15. Birthplace: Italy

16 (a) Informant: Francesco P. Monteferrante
(b) Address: 108 S. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 /48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Vecchia
(b) Address: 322 S. High St.

19 (a) June 27 1948 (b) [illegible] Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1948, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24th 1948, to June 24th 1948, and that I last saw her alive on 6/24/48 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Arteriosclerosis and Hypertension	8 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Tanker M. D.
Address 100 W. Mulberry Date signed 6/27/48

X

G64468

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH

59 B

Registered No. G64468

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 5
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Mt Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Chester R. Hood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1892

8. AGE: Years 55 | Months 11/10 | Days 22 | If less than one day hr. min.

9. Birthplace Carroll County Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis L. Sutherwood
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Rosa B. Hay
15. Birthplace Carroll Co., Md.

16 (a) Informant Chester R. Hood
(b) Address Mt. Airy, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Pine Grove
Location Mt. Airy, Carroll Co. Md.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield, Md.

19 (a) JUN 28 19[illegible] (Date rec'd by registrar) (b) Interment or [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 22 June 1948, to 27 June 1948, and that I last saw her alive on 26 June 1948.

	Duration
Immediate cause of death: Severe Anemia	
Due to: Anemia from Stomach Erosion	3 mos
Due to:	
Other Conditions: Arthritis	25 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Anemia, Coronary Cardio

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Ray Moore M. D.
Address Church Home & Hosp, Date signed 6/29/48

VS 180

118

G64469

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH

46F

Registered No. G64469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Westchester
(c) City or town YONKERS (If outside city or town limits, write RURAL and give town)
(d) Street No. 449 NEPPERHAN Ave. (If rural give location)
(e) Citizen of foreign country? Yes (~~Yes~~ or No) If yes, name country

3 (a) FULL NAME Mrs. DESPENA STEFANOV

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife George Stefanov

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1883

8. AGE: Years 64 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name ELLIA HATSIELLIS
13. Birthplace Turkey

MOTHER
14. Maiden Name MARY ZENOS
15. Birthplace Turkey

16 (a) Informant Mrs. Georgia KIORPES
(b) Address Annapolis, Maryland.

17 (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof June 30 48 (month) (day) (year)
(c) Cemetery or crematory Yonkers
Location New York

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St Balto, Md

19 (a) JUN 28 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 2.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-1948 to 6-27-1948, and that I last saw her alive on 6-27-1948

Immediate cause of death	Duration
Pulmonary edema	
Uraemia	
Due to Renal failure	
Due to Biliary obstruction	5 weeks
Other Conditions diabetes mellitus	4 years.

(Include pregnancy within 3 months of death)

Date of operation 6-23-48

Major findings of operation: cholecysto-duodenostomy. Lithiasis + metastatic Ca. of liver

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D D Fisher M.D.

Address Church Home Hosp. Date signed 6-27-48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G64470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Bradford St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Jelesic

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Urban Jelesic
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1862

8. AGE: Years	Months	Days	If less than one day
85	9		hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business -

FATHER
12. Name Stephan Rybecky
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria

16 (a) Informant Catherine Novak
(b) Address 929 N. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Frank Geraghty Son
(b) Address 900 N. Chester Street

19 JUN 28 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948 at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1936 to June 24 1948 and that I last saw her alive on June 24 1948.

Immediate cause of death Uremia — Duration 6 days

Due to Cardio-renal Vascular Disease — years

Due to

Other Conditions General Cerebro-sclerosis & Cerebral Thrombosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent V. Dooka M.D.
Address 845 N. Patterson Pk. Ave Date signed 6/25/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G64471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave
(c) Hospital or institution: West Balto Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. 4949 Albany Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Lerman
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife David
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1885
8. AGE: Years 63 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 6-27-48 (month) (day) (year)
(c) Cemetery or crematory
Location Chicago, Ill.
18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl
19 (a) JUN 28 1948 (Date rec'd by reg.) (b) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 2:29 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to June 27 1948, and that I last saw h[illegible] alive on June 27 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Myocardial infarction	
Due to Coronary artery thrombosis	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Leonard Lucher MD M. D.
Address West Baltimore Date signed June 27

VS 150

Grid 20 Map 94a 1948

G64472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

Registered No. G64472

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Joseph Gorsuch Bowen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leora Kline Bowen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1883

8. AGE: Years 65 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Johns Hopkins University

FATHER
12. Name George V. Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary F. Gorsuch
15. Birthplace Maryland

16 (a) Informant Mrs. Leora K. Bowen
(b) Address 3626 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem
Location Towson Md.

18 (a) Funeral director Geo. L. Berger Jr.
(b) Address 1512 Hollins St.

19 (a) JUN 28 1948 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25- 1948, at 6.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17- 1948, to 6-25-48, and that I last saw him alive on 6-26- 1948.

Immediate cause of death: Tabular disease of Heart — Duration: 2-4

Due to:

Due to:

Other Conditions: Hypertension — 2 yrs.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 3626 Roland Ave Date signed 6/28/48

VS 153

SOMMERS

G64473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64473 Registered No. 170c

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd. near Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Sommer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th, 1872

8. AGE: Years	Months	Days	If less than one day
76	1	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Lawn Mower Sharpner

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Henry E. Sommer
(b) Address Chestnut & Burke Rd.

17 (a) burial (b) Date thereof 6/30/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) JUN 28 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 9 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Concussion
Fracture of Pelvis
Fracture left tibia + fibula
Rupture of bladder

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 26 at 9:40 P.M.
(b) Where did injury occur? Belair Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by automobile

23. Signature Frank L. Kegel M.D.
Medical Examiner
Date signed June 27 1948

G64474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64474 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 Carlyle St. (If not in hospital)

(c) Hospital or institution: St Joseph's Hospital Baltimore, 13. Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3914 Pinewood Ave. (Rural route location)

(e) Citizen of foreign country? Balto 6 Md. (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. Benton Asey Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lollie Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 16th, 1869

8. AGE: Years 78 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Piano Builder

11. Industry or business Retired 15 years

FATHER

12. Name Wesley Phillips

13. Birthplace Baltimore County, Md.

MOTHER

14. Maiden Name Harriett Harper

15. Birthplace Baltimore County, Md.

16 (a) Informant Mr. Leroy Phillips

(b) Address Easton, Md. R.F.D. 3

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Md.

18 (a) Funeral director Lasvaka Funeral Home

(b) Address 7401 Belair Rd.

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1948, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26th 48 to June 26 19 48 and that I last saw him alive on June 26 19 48

Immediate cause of death: Congestive Cardiac Failure

Due to: Hypertension.

Due to: Arteriosclerosis generalized

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John T. Rose Jr MD

Address St Joseph Hospital Baltimore Md. Date signed 6-24-48

VS 150

G64375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64375

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2824 Pinewood Ave.,
(c) Hospital or institution: 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 234 N. Patterson Park Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margarethea Gail

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George Gail
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1873

8. AGE: Years 75 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Edward Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Alvina
15. Birthplace Germany

16 (a) Informant Mrs. William Miller
(b) Address 2824 Pinewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) June 28 1948 (Date received by registrar) (b) Huntington Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1948 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1927 to June 25 1948. and that I last saw her alive on June 25 19 48.

Immediate cause of death Coronary Thrombosis Hemorrhage + Cardiac Decompensation — Duration 1 Day

Due to Cardiac Hypertensive Disease — 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 2025 E North Ave Date signed 6/26/48

C64476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C64476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie A. Stroh

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Louis Stroh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1. 1866

8. AGE: Years	Months	Days	If less than one day
82	5	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Valentine Lotz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schmidt
15. Birthplace Germany

16 (a) Informant George C. Stroh
(b) Address 610 Wildwood Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Wm. Mug. John W. Tembler & Son
(b) Address 5311 Edmondson Ave

19 (a) JUN 28 1948 (Date rec'd by registrar) Huntington Williams Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16/ 1947 to 6-25- 1948, and that I last saw h alive on 6/24/ 1948

Immediate cause of death Myocardial failure — Duration 48 hours
Due to Coronary thrombosis — 60 hours
Due to General arteriosclerosis — 14 mos
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 517 E Northern Date signed 6/28/48

G64477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G64477

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT IN PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Richard Louis Sevick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1890

8. AGE: Years 57 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Bus to Leo

FATHER
12. Name Thomas Sevick
13. Birthplace Austria

MOTHER
14. Maiden Name Amelia Walker
15. Birthplace Md

16 (a) Informant Mrs Amelia Schwink
(b) Address 1711 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30th 1948 (month) (day) (year)
(c) Cemetery or crematory Balto
Location E. North Ave Ext

18 (a) Funeral director Leo S. Leach
(b) Address 1701-03 N. Patterson Park ave

19 (a) JUN 28 1948 (Date rec'd by registrar) (Cemetery or Undertaker's address) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 June 1948 at 5:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary artery disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L Ryan M.D.
Medical Examiner.
Date signed 27 June 48

VS 151

66478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462 V

Registered No. 66478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hospt

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1909 W. Fairmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-01-8676

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~, or divorced: Married

6 (b) Name of husband or wife: Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 20th 1900

8. AGE: Years 48 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Mark E. Smith

13. Birthplace Md

MOTHER 14. Maiden Name Myrtle B. Faulkner

15 Birthplace Md

16 (a) Informant Mrs Catherine Smith

(b) Address 1909 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1948 (month) (day) (year)

(c) Cemetery or crematory Mowlands

Location Gaylord Ave

18 (a) Funeral director Leo D. Cook

(b) Address 1701-03 N Patterson Park

19 (a) JUN 28 1948 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1948 to 6/25 1948, and that I last saw him alive on 6/25 1948

Immediate cause of death Generalized Carcinomatosis & Cachexia — Duration

Due to Carcinoma of the stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-7-4

Major findings of operation: Carcinoma of stomach - inoperable

of autopsy: None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Mamie Shapiro

Address Sinai Hosp Date signed M. 6 D. 26/48

G64479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G64479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Park ave
(c) Hospital or institution: 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Park Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Tyler

3 (b) If veteran, name war: first world war

3 (c) Social Security Account No. 213-01-4587

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	C	

6 (b) Name of husband or wife: Edna M. Tyler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1890

8. AGE: Years	Months	Days	If less than one day
57	9	12	hr. min.

9. Birthplace Charlottesville Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Edna M. Tyler
(b) Address 920 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl Am.
Location Balto Md

18 (a) Funeral director Chas H. Harper
(b) Address 512 Carrollton Ave

19 (a) JUN 28 1948 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1948 at 11.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1947 to 6-23 1948 and that I last saw h.l. alive on 6-18 1948

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M.D.
Address 535 Dolphin St Date signed 6-27-48

V S 150

X

G64480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G64480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3348 S. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3348 S. Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael L. Singer

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 214-01-2586

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harriet J. Singer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1881

8. AGE: Years 66 | Months 11 | Days 27 | If less than one day hr. min. 26

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Shipping Clerk
11. Industry or business: Bldg Co

FATHER
12. Name: George L. Singer
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Mary B. Bayer
15 Birthplace: Balto Md

16 (a) Informant: John W. Singer
(b) Address: 1170 Forrest Dr Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Md

18 (a) Funeral director: Pott & B.M. Walker
(b) Address: Pratt & Tucker Huntington Indiana, Ind

19 (a) JUN 28 1948 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 1 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to June 26 1948; and that I last saw h alive on 19

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Albert H. Kalb
Address 1030 Watkins Date signed 6/28/48

VS 150

G64481

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64481

CERTIFICATE OF DEATH 124B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hillcrest Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparrows Pt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 F Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NETTIE VIRGINIA FULFORD

3 (b) If veteran, name war: -

3 (c) Social Security Account No. -

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William R. Fulford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1883

8. AGE: Years 65 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Carey
15. Birthplace Va.

16 (a) Informant Mr. W. Taylor Fulford
(b) Address 903 F St., Sparrows Pt.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory Elmwood Cem.
Location Norfolk, Va.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 28 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1948, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1946 to June 26 1948 and that I last saw h[illegible] alive on June 24 1948.

Immediate cause of death	Duration
Arteriosclerotic heart disease.	5 years.
Due to Atrophic cirrhosis liver	14 mos.
Due to Cystitis, urinary, chronic	6 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sword H. Andrew M. D.
Address 2 Kenilworth Ave Date signed 6/28/48
attended deceased

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

064482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 064482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEM. HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3547 GREENMOUNT Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: JAMES G. WRIGHT

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 717-07-8709

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: MARY E. WRIGHT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 12, 1875

8. AGE: Years 73 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace: SCOTLAND (Town, county, and state)

10. Usual Occupation: WATCHMAN
11. Industry or business: E. J. GALLAGHER Co.

FATHER
12. Name: JAMES WRIGHT
13. Birthplace: SCOTLAND

MOTHER
14. Maiden Name: MARY [redacted] GILBERT
15. Birthplace: SCOTLAND

16 (a) Informant: MRS. MARY A. HOHREIN
(b) Address: 720 BEAUMONT Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location BALTO. CO. MD.

18 (a) Funeral director: Wm. J. Tschudy & Sons
(b) Address: BALTO., MD.

19 JUN 28 1948 (Date rec'd by Registrar) (b) [redacted] (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1948, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to June 1948 and that I last saw him alive on 24 June 1948.

Immediate cause of death: Hypertensive arterio-sclerotic cardio-vascular Disease — Duration: 2 yrs.
Due to:
Due to:
Other Conditions: Pyelonephritis — 1 yr.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm. H. Kommrich Jr. M.D.
Address 5015 Sheridan Ave Date signed 25 June 48

G64483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH . 13B

Registered No. G64483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & N. Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Mr. Carl Senf (CARL GEORGE SENF)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Not Given — divorced
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 1, 1901

8. AGE: Years 47 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business None

FATHER
12. Name Mr. Fred Senf
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Miss Minnie Bitter
15. Birthplace Baltimore, Md.

16 (a) Informant Self - Records
(b) Address 1604 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE & BROADWAY

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 6/27 1948, and that I last saw him alive on 6/26 1948.

Immediate cause of death	Duration
Pulmonary Tuberculosis acute	
Due to ?	
Due to Pulmonary Tuberculosis	
Other Conditions Tuberculosis of Larynx & Bronchial Tb.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Hays M. D.
Address Church Home & Hospital Date signed 6-29-48

X

Typed 64484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64484

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Even write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 N. Regester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 N. Regester St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Catherine Garman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Harry E. Garman

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Nov. 5. 1873

8. AGE: Years 74 | Months 7 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Rose
13. Birthplace Penna

MOTHER
14. Maiden Name Josephine Kebil
15. Birthplace Penna

16 (a) Informant James W. Rose (Brother)
(b) Address 1831 N. Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29. 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore Md.

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1948 at 5.30 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Arterio-sclerotic Cardiovascular Renal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm H Kammer Jr M.D. Medical Examiner.
Date signed 26 June 1948

VS 151

G64485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

G64485

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hosp. 9-9
(d) Length of stay in hospital or inst. (yrs., mos., ~~days~~) 5
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 N. Caroline ST. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Charles K. Nicholson CHARLES K. NICHOLSON)

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 216-05-7398 B

4. Sex ~~Male~~ Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~

6 (b) Name of husband or wife Elizabeth V. Nicholson

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 9 Nov. 1874

8. AGE: Years 73 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business Monument works

FATHER
12. Name Henry Nicholson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Ann Tucker
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth V. Nicholson
(b) Address 1722 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) .....

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 Jan 1948 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 May 1948, to 24 Jan 1948. That I last saw him alive on 24 Jan 1948.

	Duration
Immediate cause of death Metastatic malignancy	? 5 mos.
Due to Fibro sarcoma of pelvis.	?
Due to Tumor	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5/4/48

Major findings of operation: Soft tumor of pelvis, involved in tumor

of autopsy: .....

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature M. J. McSuzon M.D.
Address Md. Gen. Hosp. Date signed 24 Jan '49

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS-153

O. H. Fort
20 E. Preston St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

Registered No. G64486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Kenwick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Kenwick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Beatrice Maloney 23-

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife James Howard -
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 15-1880

8. AGE: Years	Months	Days	If less than one day
67	9	10	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Patrick J. Healy
13. Birthplace Ireland -

MOTHER
14. Maiden Name Mary B. Finn
15. Birthplace England -

16 (a) Informant William J. Maloney
(b) Address 3401 Kenwick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-48 (month) (day) (year)
(c) Cemetery or crematory Saint Mary's
Location Govans - Balto Md

18 (a) Funeral director Ellsworth Funeral Home
(b) Address 3911 Liberty Heights Ave

19 (a) JUN 28 1948 (Date rec'd by registrar) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1941 to June 28 1948, and that I last saw her alive on June 25 1948.

Immediate cause of death	Duration
(a) Myocarditis	4 years
Due to (b) arteriosclerosis	4 years
Due to (c) hypertension	4 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. H. Fort M. D.
Address 20 E. Preston St - Date signed 6/28/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83C

64487 ✓ 64487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 No Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ISADORE GUTMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Latavia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Latavia

MOTHER 14. Maiden Name unknown

15. Birthplace Latavia

16 (a) Informant Dr Isaac Gutman

(b) Address 3242 Yosemite Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 216 Eutaw Place

19 JUN 28 1948 (Date rec'd by registrar) Clayton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1948 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1948 to 6-27 1948 and that I last saw him alive on 6-27 1948

Immediate cause of death: Cerebral thrombosis — Duration

Due to: arteriosclerosis

Due to:

Other Conditions: Hemiplegia Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nagel M. D.

Address Levindale Home Date signed 6-27-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 64488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 541 Bloom St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Bloom St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Fitchett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Gilmore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/16/1872

8. AGE: Years	Months	Days	If less than one day
76	1	10	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Geo. Lalater
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Blanche Watson
(b) Address 541 Bloom St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wes. H. Nelson
(b) Address 1303 Presstman St

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington White Registrar, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1948, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Wm H Kemmler Jr M.D.
Medical Examiner.
Date signed 26 June 1948

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

661489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 661189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 N Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town 1012 N. Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUCINDA MARTIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/ / 1897

8. AGE: Years 51 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Hancock, Va (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name James Sample
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Case
15. Birthplace Va.

16 (a) Informant Virginia Hicks
(b) Address 1421 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave.

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/48 19..., at 2:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis, M.D. Medical Examiner.
Date signed 6/24/48

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

064490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104a

Registered No. 064490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 427 N. Chapel Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME C. Margaret HALL Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1905

8. AGE: Years 43 | Months 1 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John ? Hall

13. Birthplace

MOTHER 14. Maiden Name Mary Madden

15. Birthplace Md.

16 (a) Informant Mildred Bruce

(b) Address 1341-N. Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Mt Calvary

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 (a) JUN 28 1948 (Date rec'd by registrar) Thurston Montgomery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 10 30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Upper respiratory Infection

Due to Malnutrition

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Frank Royer M.D.
Medical Examiner.
Date signed 6-24-48

VS 151

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. Chapelgate Lane
(c) Hospital or institution: Pinecrest Sanatorium 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Towson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDA Sjoblom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Sjoblom (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/1878

8. AGE: Years 69 | Months 7 | Days - | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Louis

13. Birthplace Unknown

MOTHER 14. Maiden Name Marie Longe

15. Birthplace Unknown

16 (a) Informant Marie Jones

(b) Address 1426 Towson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Memorial Park

18 (a) Funeral director Charles F. Dill

(b) Address 1501 E Fort Ave

19 (a) 6-28-1948 (Registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 1 P. M

21. I certify that death occurred on the date above-stated; that I attended deceased from June 2 1948, to June 26 1948 and that I last saw her alive on June 25 1948.

Immediate cause of death	Duration
Chronic Myocarditis	Unknown
Due to Hypertension	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions Senility with mental delusions. (Include pregnancy within 3 months of death)	1 year

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin N. Borden

Address 2034 Fayette St Date signed 6/26/48 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G64492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 E. Fairmount Ave. (or location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Chalmers Sharon Marie

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-48

8. AGE: Years	Months	Days	If less than one day
		27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Edwin W. Chalmers
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Fritzpatrick
15. Birthplace Baltimore Md

16 (a) Informant Edwin W. Chalmers
(b) Address 1205 E. Fairmount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director E.W. Bowden & Son
(b) Address 924 E. Eager St.

19 (a) (Date received) JUN 28 1948 (registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 845 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1948 to 6/26 1948.
and that I last saw her alive on 6/26 1948.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Prematurity
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice A. Prellis M.D.
Address Sinai Hosp. Date signed 6/26 1948

X

G64493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 865 Rinehart St
(c) Hospital or institution: D.O.A.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 865 Rinehart St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Mayhew

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1876

8. AGE: Years	Months	Days	If less than one day
72	4	4	hr. min.

9. Birthplace Washington D. C.
(town, county, and state)
10. Usual Occupation Baker
11. Industry or business Bakery

FATHER
12. Name Howard Mayhew
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace Wash. D. C.

16 (a) Informant Mrs. Edith Hausman
(b) Address 865 Rinehart

17 (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Ave

18 (a) Funeral director John J. Conard
(b) Address 911-13 Holland

19 1948 JUN 28 82 MAP
(Date rec'd by registrar) Huntington Williams, M.D.

JUN 28 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1948, at 11:28 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. disease
Due to
Other Conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Leibowitz M.D.
Medical Examiner.
Date signed 6/26/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

064494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 064494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 E. 6th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth (Tobury) Tobery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 28 | Months | Days | If less than one day hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Andrew W. Tobery.
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Theresa Compher
15. Birthplace Frederick Co. Md

16 (a) Informant Arthur Tobery.
(b) Address Frederick Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Frederick, Md.

18 (a) Funeral director C. E. Cline Sons
(b) Address Frederick, Maryland

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Bronchiectasis
Bronchopneumonia.
Due to Empyema

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 6-28-48

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G64495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G64495

44B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 N. AUGUSTA AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 N. AUGUSTA AVE
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME CARL P. LUDTKE

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 212-05-3723

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: DOROTHY E LUDTKE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 23, 1915

8. AGE: Years 33 | Months 1 | Days 6 | If less than one day hrs min.

9. Birthplace BALTO, MD.
(Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business ADDRESSOGRAPH SALES

FATHER
12. Name WM PAUL F. LUDTKE
13. Birthplace GERMANY

MOTHER
14. Maiden Name HELEN M. HAMMOND
15. Birthplace BALTO. MD.

16 (a) Informant MRS. DOROTHY E. LUDTKE
(b) Address 717 N. AUGUSTA AVE (24)

17 (a) BURIAL (b) Date thereof 6/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET
Location BALTO. MD

18 (a) Funeral director WM J. PICKNER & SONS
(b) Address BALTO MD.

19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/48, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 48 to 6/25 19 48 and that I last saw him alive on 6/25 19 48

	Duration
Immediate cause of death: Terminal Bronchopneumonia	2 days
Due to: Hodgkins Disease	3 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Van Schuyver M. D.
Address 4818 Edmondson Ave Date signed 6/27/1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly:

C64496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. C64496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen Hosp 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sophie Peters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Theodore Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1875

8. AGE: Years	Months	Days	If less than one day
72 yrs.	6	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Hammel
13. Birthplace Md.

MOTHER
14. Maiden Name Eva ?
15. Birthplace Md

16 (a) Informant Family
(b) Address Same.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director James L. McCarney
(b) Address 150 2 East Ave

19 (a) JUN 28 1948 (Rec'd by registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1948, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1948, to 6/28 1948, and that I last saw h[illegible] alive on 6/28 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Arterio sclerotic cardio-vascular disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gordon Brown M.D.
Address West Balto Gen Hosp Date signed 6/30/48 M. D.

VS 150

93D

C64497

C64497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC - 48-1318 / 1600

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24
(c) Hospital or institution: Private Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Harvey Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy Tarleton
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1948

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Anthony R. Tarleton
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E. Boom
15. Birthplace Md.

16 (a) Informant Family
(b) Address Same

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery or crematory Solomons Island Md
Location Solomons Island Md
18 (a) Funeral director Jason L. Ee Carey
(b) Address E. Fairfield.
19 (a) JUN 28 1948 (Date rec'd by registrar) (b) Thereby for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** June 27 1948, at 10:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to June 27 1948. and that I last saw him alive on June 27 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Possible pre-natal injury	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature]
Address Saint Paul & Lexington Sts. Date signed 6/29/48 M. D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942

Registered No. G64498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1331 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 W. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** LAWRENCE J. CREAGHAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/10/1904

8. AGE: Years 43 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Patrick J Creaghan

13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret O'Brien

15. Birthplace Baltimore

16 (a) Informant Miss Mary Creaghan

(b) Address 1331 W Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/28 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd

18 (a) Funeral director J. F. Daley & Son

(b) Address 1318 Light St

19 (Date rec'd by registrar) JUN 28 1928 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/28 19, at 10:15 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ___ death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Weaver M.D. Medical Examiner.
Date signed 6/25/28

VS 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64499

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Fleet St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. SEITZ

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 216-07-8418

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret A. Seitz

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) July 4, 1904

8. AGE: Years 43 | Months 11 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Arthur Thompson Co.

FATHER
12. Name Charles Seitz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Betty Emerick
15. Birthplace Baltimore, Md.

16 (a) Informant Margaret A. Seitz (Widow)
(b) Address 3210 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 BELAIR RD.

18 (a) Funeral director Charles L. Zeiler.
(b) Address 901 S. Conkling St.

19 (a) JUN 28 1948 (Date rec'd by registrar) Huntington-Hillcrest

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1948, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1948 to 6/26 1948 and that I last saw him alive on 6/26 1948

Immediate cause of death: Coronary Occlusion — Duration

Due to: Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Thom

Address 3123 Eastern Ave. Date signed 6/28/48

V S 150

Charles Thom X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 131B

Registered No. G64500

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Chiriconi Estella (Estella Chiriconi -(Barborka)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-8546

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or ~~wife~~ James Barborka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1917

8. AGE: Years 31 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lambert Chiriconi
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Martinelli
15. Birthplace Italy

16 (a) Informant Parents
(b) Address 511 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 860[illegible]-5 E. Madison Street

19 (a) JUN 29 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948, at 3 02 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1948, to 6-25 1948, and that I last saw her alive on 6-25 1948.

Immediate cause of death	Duration
Pulmonary edema	
Uremia	
Due to Hypertensive Cardio vascular disease	
Due to Chronic Glomerulo-nephritis	
Other Conditions Rheumatic Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: As above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leslie L Darling, M.D.
Address Silver Hays Date signed 6/27/48

55501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178

Registered No. 64501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ST JOSEPH'S Hosp
(c) Hospital or institution: 1400 CAROLINE ST
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 So. Conkeling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOROTHEA DOROTHY BLUME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife JOHN BLUME

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 24, 1879

8. AGE: Years 68 69 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Martin Vorrath

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Scholl

15. Birthplace Germany

16 (a) Informant John Blume

(b) Address 109 So. Conkeling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Bclair Rd.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Baltimore St.

19 JUN 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1948, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 6-26 1948 and that I last saw h alive on 6-26 1948

Immediate cause of death CARDIO RESP FAILURE — Duration

Due to PULMONARY EMBOLUS

Due to POST OPERATIVE

Other Conditions DUODENAL ULCER

(Include pregnancy within 3 months of death)

Date of operation JUNE 16

Major findings of operation: ULCER DUODENUM

of autopsy: PULM EMBOLUS

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John B. Wells M. D.

Address St Jo Hosp Date signed 6-26-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No. G64502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leopoldina Kelly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1887

8. AGE: Years	Months	Days	If less than one day
60	7	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Mrs. John Kelly, SON
(b) Address 3308 Hamilton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto
18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd
19 (a) JUN 28 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27 1948 at 4:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1948 to 6/27 1948, and that I last saw her alive on 6/27 1948
Immediate cause of death Respiratory Failure — Duration
Due to Malignant melanoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Vincent deB. Eastland M.D.
Address St. Joseph's Hosp. Date signed 6-29-48

VS 150

G64503

AB-112941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V. 13 B

Registered No. G64503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life ?48yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Texas Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Stone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?Wm. E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19- 1871

8. AGE: Years	Months	Days	If less than one day
77	4	7	hr. min.

9. Birthplace Illinois
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James H. McGee
13. Birthplace Illinois

MOTHER
14. Maiden Name Mary Jane O'Neil
15. Birthplace Illinois

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Co

18 (a) Funeral director D. J. Luck
(b) Address 5305 Harford Rd.

19 (a) JUN 29 1948 (b) Huntington Williams Registrar
(Date received by Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 10.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1947, to 6-26 1948, and that I last saw her alive on 6-26 1948.

Immediate cause of death: Cerebro-Vascular accident — Duration: 1 hr.

Due to:

Due to:

Other Conditions: Pulmonary tuberculosis — Duration: 20 yrs.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. T. Benford M. D.
Address Balt. City Hosp Date signed 6-26-48

830

G64504 July 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. G64504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County
(c) City or town Closplint (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Italy (Yes or No)
If yes, name country

3 (a) FULL NAME Geno Cantini

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-93

8. AGE: Years 55 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Grader

11. Industry or business

FATHER 12. Name Jos Cantini

13. Birthplace Italy

MOTHER 14. Maiden Name Paulina ?

15. Birthplace Italy

16 (a) Informant: Katie Cantini

(b) Address: Closplint, Kentucky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, '48 (month) (day) (year)

(c) Cemetery or crematory Harlem Cem.

Location Jelleco, Tenn.

18 (a) Funeral director Chas. P. Towell

JOHNS HOPKINS HOSPITAL 2427

(b) Address 2427 Edmondson Ave.

19 JUN 28 1948 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1948, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1948 to 6-22 1948, and that I last saw him alive on 6-22 1948.

Immediate cause of death: Undetermined — Duration 2½ mo.

Due to: undetermined

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Frank Davis, Jr. M.D.

JOHNS HOPKINS HOSPITAL

Address Date signed 6-22-48

FRANK DAVIS, JR. X

VS 150

G64505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 65a

Registered No. G64505

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore #2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 E. Eager St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1887

8. AGE: Years 61 67 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not known

13. Birthplace " "

MOTHER 14. Maiden Name " "

15. Birthplace " "

16 (a) Informant Joseph E Eppler

(b) Address 926 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md

18 (a) Funeral director Geo A Farley

(b) Address Fulton Ave & Fayette

19 (a) JUN 28 1948 (Date received by Registrar) (b) Huntington Williamsport, Md Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1948 at 1 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 24 June 1948 to 26 June 1948 and that I last saw her alive on 26 June 1948

Immediate cause of death Peripheral Vascular Collapse — Duration 7½ hrs

Due to Arteriosclerotic Cardio-Vascular Disease

Due to Possible Addison's Disease

Other Conditions Arterio-sclerosis, Residual Hemiplegia, Left Uremia

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature R A Carey

Address Mercy Hospital Date signed 6/28/48

93D

G64506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64506

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland ✓

(b) Street address 6420 Reisterstown Rd., Balto. 15

(c) Hospital or institution: Mercy Relief Institute

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7-19

(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:

(a) State New Hampshire County .....

(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)

(d) Street No. 435 Union Street
(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Sister Ste Kelly

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February, 1872

8. AGE: Years	Months	Days	If less than one day
76	4	?	hr. ..... min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Sister of Mercy

11. Industry or business

FATHER
12. Name Thomas Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dunphy
15. Birthplace Ireland

16 (a) Informant Mercy Relief Institute
(b) Address 6420 Reisterstown Rd., Balto. 15 Md.

17 (a) Burial (b) Date thereof 6-28-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory — ? —
Location Manchester N. H.

18 (a) Funeral director Stewart Morgue
(b) Address 1081 Main Ave.

19 (a) ..... (Deputy registrar) Huntington Williams, M.D.
Date 6-28 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1948, at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1948 to 6/28 1948
and that I last saw h[illegible] alive on 6/28 1948

Immediate cause of death Coronary Occlusion — Duration 1 wk.

Due to .....

Due to .....

Other Condition General Arteriosclerosis — 16 yrs.
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Nancy P. Hayes M. D.

Address 33 Hubbard St. Manchester N.H. Date signed .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64507

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-6348 CERTIFICATE OF DEATH 1579 Registered No. G64507

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 19-2
(d) Length of stay in hospital or inst. (~~yrs.~~ mos., ~~or days~~) ✓
(e) Length of stay in Baltimore (yrs., mos., ~~or days~~) 4 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mitchell W Greenway

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1948

8. AGE: Years | Months: 4 | Days: 19 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Holladean Greenway
13. Birthplace Henderson, N.C.

MOTHER
14. Maiden Name Louise Conn
15. Birthplace Henderson, N.C.

16 (a) Informant Louise Greenway
(b) Address 115 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

JUN 28 1948

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1948 to June 28 1948 and that I last saw him alive on June 28 1948.

	Duration
Immediate cause of death Cachexia	2 mos.
Due to Multiple Congenital anomalies	4½ mos
Due to	
Other Conditions absence of epidermis and umbilical & inguinal hernias (Include pregnancy within 3 months of death)	4½ mos.

Date of operation
Major findings of operation:
of autopsy: Anomalies of G.I. tract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert M. Bruehl M. D.
Address Mercy Hospital Date signed 6/28/48

X

G64508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131B

G64508

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. John's Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Katherine Messner

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-24-3899

4. Sex: F.

5. Color or race: Wh.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr) May 2, 1925

8. AGE: Years 23 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name William Casper Messner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lucy Ellis
15. Birthplace Va.

16 (a) Informant Mrs. Lucy Messner
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1948 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem.
Location Ellicott City Md.

18 (a) Funeral director Ellicott City Md.
(b) Address Easton Sons

19 JUN 28 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948, to June 26 1948, and that I last saw her alive on June 25 1948.

Immediate cause of death: Uremia — Duration: 10 days

Due to: Chronic glomerulo-nephritis — 11 years

Due to: ____

Other Conditions: Rheumatic valvular heart disease — 11 years.
(Include pregnancy within 3 months of death)

Date of operation: ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Robert Johnson M. D.
Address Mercy Hospital Date signed 6/29/48

VS 150

X

G64509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 186a

Registered No. G64509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Jarrettsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Spencer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Francis Spencer
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug 5 1860
8. AGE: Years 87 | Months 10 | Days 23 | If less than one day ... hr. ... min.
9. Birthplace: Harford Co Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business —

FATHER
12. Name: Thomas Denbow
13. Birthplace: Harford Co Md

MOTHER
14. Maiden Name: Rachel Heldt
15. Birthplace: Harford Co Md

16 (a) Informant: Chas. E Alexander
(b) Address: 2309 Aulfa Ave Balto
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-48 (month) (day) (year)
(c) Cemetery or crematory: Old Bend Oak
Location: Jarrettsville Md
18 (a) Funeral director: Martin Kirk
(b) Address: Jarrettsville Md
19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/48 at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1948 to 6/24 1948.
and that I last saw h[illegible] alive on 6/25 1948

Immediate cause of death	Duration
Congestive Heart Failure	
Due to	
Due to	
Other Conditions Fractured neck, left femur (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-23-48 at 10 30 A M
(c) Where did injury occur? Jarrettsville, Harford, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Slipped and fell Kitchen floor
23. Signature [illegible] M. D.
Address [illegible] Date signed 6/28/48

Thomas J. Makris, M.D.

VS 150

G64510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 107

G64510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6112 Greenspring Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6112 Greenspring Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Lee Long.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Louis N. Long.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1865

8. AGE: Years 83 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Staunton, Va.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name William Glover

13. Birthplace Staunton, Va.

MOTHER 14. Maiden Name Mary Margaret Glover

15 Birthplace Unknown.

16 (a) Informant Mrs. Louis N. Long.

(b) Address 6112 Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)

(c) Cemetery or crematory Sharon Rose

Location Staunton, Va.

18 (a) Funeral director Loring Byers

(b) Address 5005 Reisterstown Rd

JUN 29 1948 (Date rec'd by registrar)

(c) State File No. Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948, at 2A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 22 JUNE, 1948, to 28 June 1948, and that I last saw her alive on 22 JUNE, 1948.

	Duration
Immediate cause of death: Bronchopneumonia, acute, Terminal	1 week
Due to Uremia, chronic	1 yr.
Due to –	
Other Conditions –	

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation: –

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Randolph N. Greenberg M.D.

Address 5010 Dennison Rd, Date signed 24 JUNE 48

VS 150

G64511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G64511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — D.O.A.
(b) Street address
(c) Hospital or institution: Lord Baltimore Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Brooklyn N.Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Eighty-Second St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Bushey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Bushey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE: Years: 59 | Months | Days | If less than one day: hr. min.

9. Birthplace: NY. (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Joseph Codd
13. Birthplace: NY.

MOTHER
14. Maiden Name: Julia Kelly
15. Birthplace: NY.

16 (a) Informant: Mr Frank Bushey
(b) Address: 30-82nd St NY. 6/30/48

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Brooklyn NY.

18 (a) Funeral director: Jr Foley & Son
(b) Address: 1208 Eager St

19 JUN 29 1948 (Date rec'd by registrar) (b) Waiting for Affidavit

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/28 1948, at 8:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary Disease

Due to:

Other Conditions: Pernicious Anemia

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: P. P. Sulenta M.D. Medical Examiner.
Date signed: 6/30/48

G64512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

G64512 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1107 Argyle Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1107 Argyle Av (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. Harvey Anderson

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eliza.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27-1883

8. AGE: Years 62 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace West River Md. (Town, county, and state)

10. Usual Occupation Retired Steward

11. Industry or business U.S. Navy

FATHER 12. Name James Anderson

FATHER 13. Birthplace West River MD.

MOTHER 14. Maiden Name Elizabeth

MOTHER 15. Birthplace West River Md.

16 (a) Informant Mrs Dorothy Hammond

(b) Address 1107 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Cedar Hill Sta.

18 (a) Funeral director Mrs. Clark Kirk

(b) Address 45 Northwest St. Annapolis, Md.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Huntington Williams (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1948 at 5-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1940 to 6-25 1948 and that I last saw h. alive on 6-26 1948

Immediate cause of death	Duration
Ulcerative colitis	1 yr.
Due to	
Due to	
Other Conditions arthritis cl. c. to mans (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature WAYNER BROWNE, M. D. M. D.

Address 1500 EAST MADISON ST., BALTIMORE 5, MD. Date signed 6/28/48

120 B

G64513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G64513 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 LIGHT ST.
(c) Hospital or institution: SOUTH BALTO. GEN. HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 S. CHARLES ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** SHEWBRIDGE, PEARL E.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3498

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Annie Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1876

8. AGE: Years 71 | Months 10 | Days 20 | If less than one day: hr. 10 min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: B. O R. R.

FATHER 12. Name: Charles Shewbridge

13. Birthplace: Md.

MOTHER 14. Maiden Name: Mary Evans

15. Birthplace: Md

16 (a) Informant: James Shewbridge

(b) Address: 1314 S. Charles St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/1/48 (month) (day) (year)

(c) Cemetery or ~~crematory~~: Cedar Hill

Location: a. a. Co. Md.

18 (a) Funeral director: William Cook Inc.

(b) Address: 1217 St. Paul St.

19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Huntington Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1948 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1948 to 6/28 1948 and that I last saw him alive on 6/26 1948

Immediate cause of death: GASTRIC HEMORRHAGE — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: William B Cooper M.D.

Address: South Balto Gen Hosp Date signed 6/28/48
M. D.

BALTIMORE CITY HEALTH DEPT.

~~STATE OF MARYLAND~~—CERTIFICATE OF DEATH

94a 664514

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

~~Village or~~ City Balto. No. 3220 Greenmount Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Everet Crist Social Security Number 242-09-4075

(a) Residence: No. ..... St., 12 Ward ..... If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Stella M. Crist

6. DATE OF BIRTH (month, day, and year) May 15th 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Photographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Ohio (State or country)

FATHER

13. NAME Unknown Crist

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME Bertha B.V. Stevens

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Lester E. Crist

(Address) 3220 Greenmount Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Cemetery Date June 30th, 1948

19. UNDERTAKER Williams Bros Inc.

(Address) 1217 St. Paul St.

20. JUN 29 1948, 19 ..... ~~Funeral Director~~ Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 28 (Month) (Day) 1948 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1948, to June 28, 1948

I last saw h~~im~~ alive on June 24, 1948; death is said to have occurred on the date stated above, at 8.10 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2 Apr 48

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. H. Rice M. D.

(Address) 6701 York Rd Balto 12 Md

~~CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.~~

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

C64515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. C64515

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 W. Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Merson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband Earl Merson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd 1875

8. AGE: Years 73 | Months 1 | Days 23 | If less than one day hr. min

9. Birthplace Rockingham Co. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Isaac Ford
13. Birthplace Va

MOTHER
14. Maiden Name Nancy Tussing
15. Birthplace Va

16 (a) Informant Mrs Elizabeth McDonald
(b) Address R. F. D. #3 Pasadena Md.

17 (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Fayette st

19 (a) JUN 28 1948 (Date rec'd by registrar) Huntington Williams M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1948, 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948, to June 25 1948, and that I last saw h alive on 19

Immediate cause of death	Duration
Carcinoma of breast	2
Due to	1
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 2687 Druid Hill Ave Date signed June 27 48

G64516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 93D

G64516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Jacob Hughes Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Ella G. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21st 1877

8. AGE: Years	Months	Days	If less than one day
70	6	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Real Estate

FATHER
12. Name Jacob Hughes Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Helen P. Eberle
15. Birthplace Germany

16 (a) Informant Mrs. Ella Hughes
(b) Address 2714 N. Calvert St.

17 (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mayland Park
Location Parkville, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 29 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1948, at 7:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26, 1948, to June 26, 1948, and that I last saw h~~er~~ alive on June 26, 1948.

Immediate cause of death	Duration
Myocardial Failure	4 hours
Due to Chronic Myocarditis	?
Due to ~	
Other Conditions ~	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation ~
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? ~
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? ~
(Specify type of place)
(e) Means of injury

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert St. Date signed June 28, 48

VS 150

G61517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G61517

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rayner Ave

(c) Hospital or institution West Balto Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2113 Baker St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Max CHERIKOFSKY

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-1437

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Russia

MOTHER 14. Maiden Name Rose

15. Birthplace Russia

16 (a) Informant Hirst Resach

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)

(c) Cemetery or crematory Golar Israel

Location Balto Pk. Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Pl

19 JUN 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 | 28 19 48, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 | 28 19 48 to 6 | 28 19 48.

and that I last saw h[illegible] alive on 6 | 28 19 48.

Immediate cause of death ASCVD

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Norma Lewis

Address W B & H Date signed 6-29-48

John H. Lewis, M.D.

VS 150

Instructions Prepared by Medical Examiner: E. L. Kruse, M.D.

664518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

Registered No. 664518

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hosp. Women Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Car. (b) County New Hanover
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 Pinecrest Pkwy (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Reah Newirth

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Eugene Newirth
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct - 21 - 1902

8. AGE: Years	Months	Days	If less than one day
45	8	7	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Harry Wasserman
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Freiberg
15. Birthplace Russia

16 (a) Informant Eugene Newirth
(b) Address Wilmington N. Car

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Hebrew
18 (a) Funeral director Jack Lewis Inc
(b) Address 200 Eutaw Place

19 JUN 29 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 4 02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1948, to June 28 1948, and that I last saw her alive on June 27 1948.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray G. Lobingier M. D.
Address Hosp. Women Md Date signed 7-2-48

G64519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G64519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights Ave
(c) Hospital or institution: Mt Sinia Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 N Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Fedder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Israel
13. Birthplace Russia

MOTHER
14. Maiden Name Baiza
15. Birthplace Russia

16 (a) Informant Earl Fedder
(b) Address 4007 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)

(c) Cemetery or crematory Rogedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

19 JUN 29 1948 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS :50

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1948, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 19 to 6/28 1948 and that I last saw h[er] alive on 6/28 1948.

	Duration
Immediate cause of death: Cardiac failure	about 3 days.
Due to: Pulmonary Edema	
Due to: arteriosclerosis	at least 1 yrs.
Due to: Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan H Stupp M.D.

Address 1810 Eutaw Pl Date signed 6/29/48

664520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √94a

Registered No. 664520

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provi Balto Gen Hosp 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Newington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Klepfish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sara Klepfish
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
59 yr.			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Valet
11. Industry or business

FATHER 12. Name Morris
13. Birthplace Russia

MOTHER 14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Kolo Bowlen Lane
18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl.
19 JUN 29 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/1948, at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/1948, to 6/27/1948, and that I last saw h alive on 6/22/1948

Immediate cause of death: Cardiac failure — Duration
Due to: Coronary thrombosis
Due to:
Other Conditions: Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Infarct of left ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Gamse M.D.
M. D.
Address Med Arts Bldg Date signed 6/28/48

X

G64521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 E. York St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. York St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Juanita Brumley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Walter
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 7 1875

8. AGE: Years	Months	Days	If less than one day
73	2	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Joseph Ruark
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15 Birthplace Unknown

16 (a) Informant Fannie Brannock
(b) Address 21 E. York St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Annapolis Blvd

18 (a) Funeral director John F. Henny Inc
(b) Address 714 E. Eight St.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 7 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948, to June 29 1948, and that I last saw her alive on June 26, 1948.

Immediate cause of death	Duration
General & Cerebral arterio sclerosis	2
Chronic nephritis	
Due to —	
Due to —	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deiler M.D.
Address 1206 Hanfurst Date signed 6/27/48

VS 150

G64522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓94a

G64522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3740 Ellerslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Walter Hickman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-09-9983

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charlotte C. Hickman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1883

8. AGE: Years 64 | Months 5 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Allen Son & Co., Inc.

FATHER
12. Name William F. Hickman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise C. Schultheis
15. Birthplace Baltimore

16 (a) Informant Mrs. Charlotte C. Hickman
(b) Address 3740 Ellerslie Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 12:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F. Holbach M.D. Medical Examiner.
Date signed 6/27/48

VS 151

G64523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Colvert St.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Lambeth Road (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Oran Henderson Nance

3 (b) If veteran, name war –
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dora B. Nance
6 (c) If alive, give age? years
7. Birth date of deceased (mo., day, yr.) July 18, 1879
8. AGE: Years 68 | Months 11 | Days 9 | If less than one day ____ hr. ____ min.
9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Pres. Md. Penna R.R.
11. Industry or business

FATHER
12. Name Stephen H. Nance
13. Birthplace Tenn.

MOTHER
14. Maiden Name Frances E. Swann
15. Birthplace Texas

16 (a) Informant Mrs. Dora B. Nance
(b) Address 206 Lambeth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 29 1948 (Date received by Registrar) for Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to June 27 1948 and that I last saw h/m alive on June 26 1948.

Immediate cause of death Coronary occlusion — Duration 10 min.
Due to Arteriosclerotic Heart Disease — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. Pepper Constable Jr. M. D.
Address Union Memorial Hosp. Date signed 6-27-48

VS 150

X

G64524

AB-120626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G64524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Dunran Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Maude Morgan

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Morgan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28- 1877

8. AGE: Years 70 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)

10. Usual Occupation ? Housewife

11. Industry or business

FATHER
12. Name ? Alexander Horner
13. Birthplace ? Fayette Co., Pa.

MOTHER
14. Maiden Name ? Julia A. Kraft
15. Birthplace ? Balto., Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. for Williams, Md.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b)

VS 150

MEDICAL CERTIFICATION

AM

20. DATE OF DEATH June 27- 1948, at 10.10

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948 to 6-27- 1948, and that I last saw her alive on 6-27- 1948.

Immediate cause of death	Duration
Carcinoma of sigmoid Colon	?
Due to	
Due to	
Other Conditions Fecal abscess of colon. (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Buford M. D.
Address Balt. City Hosp. Date signed 6-27-48

G61525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G61525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution: Twilight Nursing
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 E. Franklin Street. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Gallagher

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 186-09-5316

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 20th 1878

8. AGE: Years 70 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mercy Hospital Records
(b) Address Baltimore, Md.

17 (a) Burial - [illegible] (Burial, cremation, or removal) (b) Date thereof June 30-1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

19 (a) JUN 29 1948 (Date received by registrar) (b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 2.20PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1948, to June 26 1948, and that I last saw him alive on June 25 1948.

Immediate cause of death	Duration
Gastric Malignancy	
Due to CA of STOMACH	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterman M. D.
Address 2324 Reisterstown Rd. Date signed 6/28/48

X

G61526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G61526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 84 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 10
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 West University Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELIA MERRYMAN TODD DOUGLAS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) ~~Single~~, ~~married~~, widowed, or divorced.

6 (b) Name of husband or wife: Henry T. Douglas, Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1868

8. AGE: Years 79 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland (North Point)
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Thomas Bernard Todd
13. Birthplace Maryland (North Point)

MOTHER
14. Maiden Name Sarah Rebecca Todd
15. Birthplace Pa.

16 (a) Informant Mrs. John T. Grauch
(b) Address Spencer Pl. R.F.D. 10, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 29 1948 (Date rec'd by Registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

	Duration
Immediate cause of death: Ca of breast c Metastasis	1 yr.
Due to:	
Due to:	
Other Conditions: A.S.H.D. H.C.V.D.	Indefinite

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Smith, Jr. M.D.
Address Univ. Memorial Hosp. Date signed 6/29/48

VS 150

G641527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G641527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square 126
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Rochsan Way (If rural give location) Arnistead Garden
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Ogrydziak (Ogrydziak)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Anthony Ogrydziak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1904

8. AGE: Years 43 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Difton Pa
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Michael Blaner
13. Birthplace Pa

MOTHER 14. Maiden Name — —
15. Birthplace — —

16 (a) Informant Michael Ogrydziak
(b) Address 1007 Rochsan Way (Arnistead Garden)

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 29/48 (month) (day) (year)

(c) Cemetery or crematory Fryeland Pa
Location Fryeland Pa

18 (a) Funeral director Philip Herring and Sons
(b) Address 2024 Orleans St

19 (a) JUN 29 1948 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to June 28 1948 and that I last saw her alive on June 28 1948.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension with Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bobby L. Jones M. D.
Address Franklin Square Date signed 6/28/48

G64528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thornton Ellis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-4174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1878

8. AGE: Years	Months	Days	If less than one day
69	8	7	hr. min.

9. Birthplace Caroline Co. Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thornby Ellis
13. Birthplace Va.

MOTHER
14. Maiden Name Nancy Taylor
15. Birthplace Va.

16 (a) Informant Mrs. Fannie Rhudy
(b) Address 3104 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1948, 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 25 1948 and that I last saw h— alive on June 25 1948

Immediate cause of death	Duration
Cardiac Renal Disease	14 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify home, farm, place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2329 Guilford Ave. Date signed June 30 1948

G64529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G64529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 578 N. Preston St
(c) Hospital or institution:

17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 578 N. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Corbin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/14/1880

8. AGE: Years	Months	Days	If less than one day
68	1	9 11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Oyster & Fish

FATHER
12. Name John Corbin
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Mrs. Violetta Johnson
(b) Address 578 N. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Registered

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1948, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948 to 6/25 1948
and that I last saw him alive on June 25 1948

Immediate cause of death
(a) Hypertension Cardio-Renal
Due to (b) Vascular
Due to (c)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 19 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. N. Waterbury M. D.
Address 1 W. Preston Date signed 6/29/48

X

G64550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 913 N. Calhoun St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 17. (If outside city or town limits, write RURAL and give town)

(d) Street No. 913 N. Calhoun St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Roberta Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minton (d).

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 6. 1869.

8. AGE: Years 78 | Months 6 | Days 21 | If less than one day: hr. min.

9. Birthplace Middlesex, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Ira Muse

13. Birthplace Va.

MOTHER 14. Maiden Name Lettie Bone

15. Birthplace Va.

16 (a) Informant Mrs Alice Jones

(b) Address Severn Md. - 913 Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore 30 Md.

18 (a) Funeral director Hyllemin A. Jackson

(b) Address 916 Penna. Ave.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1948. at 3:04 A.M

21. I certify that death occurred on the date above stated that I attended deceased from 6/16/1948 to 6/27/1948 and that I last saw her alive on 6/24/1948.

Immediate cause of death: Chronic Myocarditis — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Hurley M.D.

Address 456 W. Biddle St. Date signed 6/28/48

VS 150

GG1531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. GG1531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 E. 30th St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Rahn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1872

8. AGE: Years 75 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Rahn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Fredericka Ratt
15. Birthplace Baltimore

16 (a) Informant Records, Southern Home
(b) Address 2510 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ St. Paul's
Location 5600 Cardiff Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 JUN 29 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1948, to June 28 1948, and that I last saw h alive on June 27 1948.

Immediate cause of death: Chronic Nephritis — Duration 3 yrs

Due to: Arteriosclerosis

Due to: Old age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Med. Arts Bldg. Date signed

Dr. Herbert C. Blake

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

~~64532~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 661532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Aisquith Street
(c) Hospital or institution: 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Aisquith Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Howard January

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 717-07-7133

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Anna E. Brooks
6 (c) If alive, give age D. years
7. Birth date of deceased (mo., day, yr.) Nov. 16, 1894
8. AGE: Years 53 | Months 7 | Days 12 | If less than one day: ######## hr. ____ min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Machinest Helper
11. Industry or business Pennsylvania R.R.

FATHER
12. Name George H. January
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Lance
15. Birthplace Baltimore Md.

16 (a) Informant Mildred Mohn
(b) Address 1004 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) [illegible]

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1947 to 6/28 1948 and that I last saw h[illegible] alive on 6/26 1948

Immediate cause of death: Coronary Thrombosis — Duration: Sudden
Due to: Arteriosclerotic Cardio- — 7
Due to: Vascular disease
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Bloom M.D.
Address 1105 N. Patterson Date signed 6/28/48

X

G641533 [illegible] Patient 14. BALTIMORE CITY HEALTH DEPARTMENT G641533
CERTIFICATE OF DEATH 55 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Mt. Royal Avenue
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Mt. Royal Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Joseph S. Malinosky

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 198-14-2197

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mildred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1923

8. AGE: Years 24 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Lord Baltimore Hotel

FATHER
12. Name Stanley Malinosky
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Yuhas
15. Birthplace Pennsylvania

16 (a) Informant Mary Malinosky
(b) Address 1602 Mt. Royal Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

JUN 29 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to June 28th 1948 and that I last saw him alive on June 28 1948

Immediate cause of death	Duration
Sarcoma of left [illegible]	1 year
Due to Femoral thalassemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1300 E. Cdml. St. Date signed June 29 '48

Hold 2nd X

G64534 LC-48-2997 BALTIMORE CITY HEALTH DEPARTMENT ✓ G64534
CERTIFICATE OF DEATH 160c
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: BON SECOURS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANE MARGURITE ALLEN
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife /
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/28/48
8. AGE: Years | Months | Days | If less than one day hr. 40 min.
9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name CHARLES CLAYTON ALLEN
13. Birthplace BALTIMORE.
MOTHER 14. Maiden Name BERTHA FIDELIS CONWAY
15. Birthplace BALTIMORE
16 (a) Informant Hosp. Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-1948 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Location Q. A. Co. Md.
18 (a) Funeral director Flynn & Flynn
(b) Address 1426 Light St.
19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH 6-28-1948 at 8:30 A. M.
21. I certify that I attended deceased from 6-28-1948 to 6-28-1948, and that I last saw her alive on 6-28-1948.
Immediate cause of death: Respiratory failure — Duration
Due to: Pre-partum labor
Due to: Diabetes acidosis & premature labor, spontaneous
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: George W. Fischer M. D.
Address Bon Secours Hosp. Date signed 6-28

VS 150

664535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Denhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose E. K.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16 1881

8. AGE: Years	Months	Days	If less than one day
66	3	11	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Louis Denhardt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Josephine Heusler
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Rose Denhardt
(b) Address 1716 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

JUN 29 1948 (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 11 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1948 to June 27 1948.
and that I last saw him alive on June 27, 1948.

Immediate cause of death Cerebral accident

Due to Arteriosclerosis

Due to

Other Conditions Arteriosclerosis Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad L. Rutzen M. D.
Address 170 6 N. Wash. St. Date signed 6/28/48

VS 150

83a

G64536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. G64536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 Roslyn St.
(c) Hospital or institution: 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Roslyn St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Edison Phelps

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. Josephine Phelps

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 27 Aug. 1866

8. AGE: Years 81 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace Binghamton N. Y.
(Town, county, and state)

10. Usual Occupation Minister Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Mrs Josephine Phelps
(b) Address 2207 Roslyn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JUN 29 1948 (Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to June 26 1948, and that I last saw him alive on 1 June 1948.

	Duration
Immediate cause of death: Cardiac Insufficiency	12 hrs.
Due to: Chronic Rheumatic heart Disease	7 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W Bradley Daugherty M.D.

Address 3033 W. Northern Date signed 6-26-48

VS 150

G64537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G64537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital, Institution or other place St. Joseph's 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 N. Central
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Colored	

6 (b) Name of husband or wife Mary Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1898

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	10	22		

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace N. C.

MOTHER
14. Maiden Name ?
15 Birthplace N. C

16 (a) Informant Mary Jones
(b) Address 907 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. A. County, Md.

18 (a) Funeral director Joseph C. Locke, Jr.
(b) Address 1304 N. Central Ave.

19 JUN 29 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24, 1948, to June 27, 1948, and that I last saw him alive on June 27, 1948.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic CVD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent A. Stigliani M. D.
Address 1304 N. Central Ave. Date signed 6/28/48

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64538

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) DIA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 S. East Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Nelka

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1903

8. AGE: Years 44 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Oiler on ship

11. Industry or business

FATHER
12. Name John M. Nelka
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Stella Topolski
15. Birthplace Germany

16 (a) Informant John M. Nelka
(b) Address 1130 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director John F. Duda
(b) Address 4829 Hudson St.

19 JUN 29 1948 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1948, at 12 Noon M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary artery disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl Kruger M.D.
Medical Examiner.

Date signed 29 June 48

G64539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 E Cherry Hill rd.
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M.D. (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Cherry Hill rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry Gedrowicz (Gaither)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER 12. Name Zygmunt
13. Birthplace Poland

MOTHER 14. Maiden Name Julia Czapczynska
15. Birthplace Poland

16 (a) Informant Julia Gedrowicz
(b) Address 704 Cherry Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 1 48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill road

18 (a) Funeral director John J. Duda
(b) Address 2529 Hudson st

19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1948, at 5 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1943 to 6/28 1948, and that I last saw h[illegible] alive on 6/28 1948.

Immediate cause of death	Duration
Acute Cardiac Collapse	1 day
Due to Rheumatic Cardiac	
Due to Vascular Renal Failure	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Lankenau M. D.
Address 679 Washington blvd Date signed 6/29/48

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

G64540 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 829 Hollins Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Mizuk

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-9115

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not know

8. AGE: Years	Months	Days	If less than one day
About 50?			hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name ? Mizuk
13. Birthplace Russian

MOTHER
14. Maiden Name Not know
15. Birthplace Russian

16 (a) Informant J. A. Greblauckas Jr.
(b) Address 423 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-48 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Stony Run, Md.

18 (a) Funeral director John A. Greblauckas Jr.
(b) Address 423 S. Paca St

19 JUN 29 1948 (Date rec'd by registrar) (b) Thomas Williams, M.D. Registrar

VS 191

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1948, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute dilatation, fatty degeneration of liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Ryan M.D.
Medical Examiner.
Date signed 6-25-48

G64541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 V

Registered No. G64541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3930 Frisby Stand (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick De Boy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name J. Adam DeBoy

13. Birthplace Germany

MOTHER 14. Maiden Name Christiana Kifer

15. Birthplace Germany

16 (a) Informant Mrs Whitney

(b) Address 3930 Frisby

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Baltimore

19 (a) JUN 29 1948 (Date received by registrar) (b) Huntington Indiana

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948 at 2 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Madden M.D. (Medical Examiner.)

Date signed 6-28-48

VS 151

G61542 64762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

661542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST 6-2
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Since Birth
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1423 Laurens ST (If rural give location)
Citizen of foreign country? No. (Yes or No)
If yes, name country None

3 (a) FULL NAME Sharyn Williams

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/20/1946

8. AGE: Years 2 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore MD. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Thomas Williams
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Charlotte Carter
15. Birthplace Baltimore Md.

16 (a) Informant Charlotte Carter Williams
(b) Address 1423 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location —

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Huntington, West Virginia, M.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1948, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1948, to 6/25 1948, and that I last saw he Alive on 6/25 1948.

Immediate cause of death — Duration
Pneumonitis
Due to Bronchitis
Due to —
Other Conditions Diabetes
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: Bronchopneumonia
of autopsy congestion & edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams Garner
Address 1514 Pinkney St. Date signed 6/27/48

VS 150

81a

G641543

BC-48-09326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 119a

G641543 Registered No.

NOTE: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital St. Joseph's 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 W. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Kathleen Patience Costantine

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 27, 1948

8. AGE: Years | Months 2 | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none (Infant)
11. Industry or business

FATHER
12. Name Nobile Guy Costantine
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Dorothea France
15 Birthplace Baltimore, Maryland

16 (a) Informant Mr. Nobile Guy Costantine
(b) Address 203 W. 25th street

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29/48 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location

18 (a) Funeral director Chas J. Eggan's Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) JUN 29 1948 (Date rec'd.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1948 to June 27, 1948 and that I last saw her alive on June 27, 1948

Immediate cause of death Asphyxiation Gastric
Due to Pneumonia
Due to
Other Conditions - Diarrhea Acidosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent Del Negro M.D.
Address St. Joseph's Hosp Date signed 6/28/48

109 B

VS 150

G64544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No. G64544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 Hanover St
(c) Hospital or institution: 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 Boyle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Thomas Kirby, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Evelyn A. Kirby (Nee Howard) 6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) January 9, 1894

8. AGE: Years 54 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Own, Painting Business

FATHER
12. Name Robt. Thomas Kirby
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name ? ?
15. Birthplace Md.

16 (a) Informant Mrs. Evelyn A. Kirby (Wife)
(b) Address 1449 Boyle St. Balto. 24, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) June (day) 29 (year) 1948
(c) Cemetery or crematory Holy Cross Cem.
Location Govans P.O., Md.

18 (a) Funeral director P. J. Howard Sons
(b) Address 1400 St. Paul St., Balto. 2, Md.

19. JUN 29 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150 ... Wiener

MEDICAL CERTIFICATION

20. DATE OF DEATH Sat., June 26, 1948, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23/1948 to 6/26/1948, and that I last saw him alive on 6/26/1948.

Immediate cause of death: Coronary thrombosis — Duration: 4 days

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1226 Hanover St Date signed 6/28/48

X

G61545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G61545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 Wellesley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Wellesley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Moering

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Late Jennie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1872

8. AGE: Years 76 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business U. S. Govt.

FATHER
12. Name Moering
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Annabel Scott
(b) Address 528 Wellesley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2130 Frederick Rd.

18 (a) Funeral director Harry H. Wiseke
(b) Address 410 E. Lafayette Ave.

19 (a) JUN 30 1948 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947, to June 27 1948, and that I last saw h. I he alive on June 27 1948.

Immediate cause of death	Duration
Hypertension Cardio-renal	2 weeks
Due to Vascular Lesions	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 6321 Frankford Ave Date signed 6/28/48

G64546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

G64546 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRESS WITH FIRM PRESSURE, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 N. Central Ave.
(c) Hospital or institution:
10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Green

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown —

8. AGE: Years	Months	Days	If less than one day
50 (EST)			hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Charles Green —
13. Birthplace A. A. Co. Md.

MOTHER 14. Maiden Name Nancy Mumay
15. Birthplace A. A. Co. Md.

16 (a) Informant ~~Serenia Park~~ Sadie Pack
(b) Address Serenia Park. A. A. Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 29 48 (month) (day) (year)
(c) Cemetery or crematory Jones Sta.
Location Balto.

18 (a) Funeral director Walter R. Sayao
(b) Address 130 W. Hamburg St.

19 JUN 29 1948 (Date filed by Registrar) (By) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 9 A. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L. Rogan M.D. Medical Examiner.
Date signed June 26, 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

064547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 064547

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Lexington St.
(c) Hospital or institution: Aged Womens & Aged Mens Homes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Groome Earckson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1875

8. AGE: Years: 73 | Months: 5 | Days: 13 | If less than one day hr. min.

9. Birthplace Chestertown Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frederick Goodhard)
13. Birthplace Earckeson

MOTHER 14. Maiden Name Matilda Thompson
15. Birthplace

16 (a) Informant Mrs L.N. Read
(b) Address 1400 N. Lexington St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1-48 (month) (day) (year)
(c) Cemetery or crematory Church Hill Cem
Location Church Hill Md

18 (a) Funeral director William Cook & Son
(b) Address 217 St Paul St

19 JUN 29 1948 Date rec'd by registrar Barrington Williams M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/ 1937 to 6/29/ 1948, and that I last saw her alive on 1 19

Immediate cause of death: Coronary occlusion — Duration: Sudden

Due to

Due to

Other Conditions: Hypertensive cardiovascular disease.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward R. Jarrett M. D.
Address 11 E. Chase St., City Date signed 6/29/48

X

C64548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

C64548 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4902 Ross Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4902 Ross Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Macciola Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-05-1629

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 88 years
7. Birth date of deceased (mo., day, yr.) Feb 22 (1875)
8. AGE: Years 68 | Months 4 | Days 6 | If less than one day ..... hr. ..... min.
9. Birthplace Wash. D. C. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Remen Macciola
13. Birthplace Italy

MOTHER
14. Maiden Name Antoinette ?
15. Birthplace Italy

16 (a) Informant Anthony J. Macciola
(b) Address 4902 Ross Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ New Cathedral
Location 4300 Old Frederick Rd.
18 (a) Funeral director Dippel Bros.
(b) Address 7110 Belair Rd.
19 JUN 29 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 12:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1945 to June 1948, and that I last saw h. M. alive on June 26 1948.

Immediate cause of death	Duration
Generalized Arterio-sclerosis causing mental	
Due to derangement.	
Due to	
Other Conditions Dehydration; Malnutrition (Refused to eat)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas J. Brennan M. D.
Address 527 Harford Rd Date signed 6-28-48

G64549 Fernecript

BALTIMORE CITY HEALTH DEPARTMENT V G64549

CERTIFICATE OF DEATH 48a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Wilderia St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Wilderia
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma R. Strother

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Henry
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Laurel, Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown
13. Birthplace Md

MOTHER 14. Maiden Name Ida Robinson
15. Birthplace Md

16 (a) Informant Henry Strother
(b) Address 610 N Wilderia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Hamilton ave Huntington Williams, Md

19 JUN 29 1948 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to June 26 1948 and that I last saw h alive on June 26 1948

Immediate cause of death	Duration
Carcinoma of cervix uteri	
Due to Toxemia	4 mos
Due to Cervix - uteri	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 2 Monument St
26

SCARBURGH

G64550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

Registered No. G64550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Poplar Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth Scarbrough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed or divorced: widowed

6 (b) Name of husband or wife: James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 17 May 1876

8. AGE: Years 72 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Thomas Scarbrough
13. Birthplace Virginia

MOTHER
14. Maiden Name Henriette Elizabeth Blackstone
15. Birthplace Virginia

16 (a) Informant Bessie Scarbrough
(b) Address 3004 Poplar Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 JUN 29 1948 (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 June 1948, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1948 to 6-28 1948 and that I last saw her alive on 6-28 1948.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to	
Due to	
Other Conditions Ca Head of pancreas	

(Include pregnancy within 3 months of death)

Date of operation 6-23-48

Major findings of operation: obstructed common bile duct - Ca pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richardson M.D.
Address Md. Gen. Hosp. Date signed 6-28-48 M.D.

VS 150

G61551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G61551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Rosedale St.
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Rosedale St., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna K. Morita

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: xx Jiro Morita

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1884

8. AGE: Years 64 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name William J. Kane
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Regina Higgiston
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Jiro Morita
(b) Address 1407 Rosedale St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory xx Loudon Park
Location Baltimore, Md.

18 (a) Funeral director D. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JUN 29 1948 (Date rec'd by registrar) by Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION 5.00

20. DATE OF DEATH June 28, 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1948 to June 28 1948 and that I last saw h alive on June 28 1948.

Immediate cause of death	Duration
Carcinomatosis	about 2 yrs
Due to Carcinoma of Both Breasts	
Due to Metastasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3033 W North Ave Date signed 6/29/48 M. D.

64552

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-13552 CERTIFICATE OF DEATH 160a

Registered No. G64552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 N. Charles Street (18)
(c) Hospital or institution: Doctors Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 hr. 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 hr. 25 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise Guido

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 26, 1948

8. AGE: Years	Months	Days	If less than one day
0	0	01	43 hr. 25 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Anthony Guido
13. Birthplace Johnstown, Penn.

MOTHER
14. Maiden Name Mary Nelson
15 Birthplace Gainsville, Florida

16 (a) Informant Mrs. Robert Guido-mother
(b) Address 3411 East Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gunpowder Rd.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) JUN 29 1948 (Date received by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948 at 8:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948, to June 27 1948, and that I last saw her alive on June 27 1948.

Immediate cause of death Intra Cranial Hemorrhage — Duration 1 day

Due to

Due to

Other Conditions Toxemia Pregnancy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 876 Winchester Date signed

correct age is especially important. Physicians: please write the

VS 159

664553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 664553 Registered No.

BCr 48-13553 160a

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2724 North Charles Street

(c) Hospital or institution:

Doctors Hospital 12-6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days

(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2724 N. Charles St Doctors Hosp
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Therese Catherine Guido

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 26-1948

8. AGE: Years	Months	Days	If less than one day
0	0	3	8 hr. 13 min.

9. Birthplace Baltimore-Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Anthony Guido
13. Birthplace Johnstown-Pa

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Gainesville-Fla

16 (a) Informant Mrs Robert Guido
(b) Address 3411 E. Fayette St.

17 (a) Burial (b) Date thereof June 29, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director Roland L Fisher
(b) Address 2112 Dundalk Ave.

19 JUN 29 1948 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th. 1948, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Intra Cranial Hemorrhage — Duration 2 days

Due to —

Due to —

Other Conditions Presumably

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Louis J Faun M. D.

Address 876 Wilson St Date signed 6/29/48

G64554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Hillsdale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Shirley Hotel-205 W. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mattie Gertrude Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1870

8. AGE: Years	Months	Days	If less than one day
About 78	2	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Cyrus Cross
13. Birthplace Culpeper, Va.

MOTHER
14. Maiden Name Columbia Kemper
15. Birthplace United States

16 (a) Informant Mr. W. Newton Long
(b) Address 3600 Hillsdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Philip Lamotte
(b) Address 1701 Liberty Heights Ave.

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 June 1948 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 21 June 1948 to 24 June 1948, and that I last saw he alive on 24 June 1948

Immediate cause of death Chronic Congestive Heart Failure — Duration 2 weeks

Due to Arteriosclerosis

Due to A.S.C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl H. Royer M. D.

Address 28 June 48 Date signed 142 Westview Pl. 29

G64555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G64555

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important. PRINT IN PLAIN, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 S. Glover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Sieracki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Sophia Catherine
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 6 1897

8. AGE: Years	Months	Days	If less than one day
50 51	6	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name John Sieracki
13. Birthplace Poland

MOTHER
14. Maiden Name Ziolkowska
15. Birthplace Poland

16 (a) Informant Sophia Sieracki
(b) Address Poland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 /48 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St

19 JUN 29 1948 (Date received by Registrar) Thos. J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 June 1948, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9-1948, to 29 Jun 1948, and that I last saw him alive on 28 Jun 1948.

Immediate cause of death	Duration
CARDIO Resp Failure	
Due to CARCINOMA of STOMACH	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6-15-48
Major findings of operation: CARCINOMA of Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony F. DiPaula M.D.
Address St. Joseph's Hosp Date signed 6/29/48

VS 150

G64556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111a

Registered No. G64556

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division Street
(c) Hospital or institution: Provident Hospital 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) 60years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 527 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Millie Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/1869

8. AGE: Years 78 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Port Deposit Maryland (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Henrietta Griffin
15. Birthplace Md

16 (a) Informant Hannie Mooney
(b) Address 527 N Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Walker & Graves & Hemple
(b) Address 1 E W Biddle St Baltimore, Md

19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1948 to 6/26 1948.
and that I last saw her alive on 6/26 1948.

Immediate cause of death:	Duration
Pulmonary Infarction	
Due to Generalized Atherosclerosis	
Due to	
Other Conditions Bilateral Gangrene both legs (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Moses W. Moore Sr M.D.
Address Provident Hospital Date signed 6/28/48

VS 150

664557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. 664557

GM. 107317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 N. Exeter ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1900

8. AGE: Years 48 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Lydia S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Reden Harris
13. Birthplace S.C.

MOTHER 14. Maiden Name Jane Matthews
15. Birthplace S.C.

16 (a) Informant Records Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 29 1948
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 7- 1948, at 9.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 4 - 1947 to 6- 7 - 1948, and that I last saw h im alive on 6- 7- 1948

Immediate cause of death: Pulmonary Tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. G. Coleman Jr. M. D.
Address Balt. City Hosp. Date signed 6/29/48

664558 JL - 113967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH .13B

Registered No. 664558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
2 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 W. Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Cooper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1892

8. AGE: Years	Months	Days	If less than one day
55	7	16	hr. min.

9. Birthplace Md. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Cooper
13. Birthplace N. C.

MOTHER
14. Maiden Name Clara Albright
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 29 1948
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) JUN 29 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 9.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1947 to June 11 1948, and that I last saw him alive on June 11 1948

Immediate cause of death: Pulmonary Tuberculosis, far Advanced — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None done -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial p[illegible] place? (Specify type of place) While at w[illegible]
(e) Means of injury

23. Signature W. R. Scarborough M.D.
Address Balto. City Hosp. Date signed 6-28-48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C64559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No. 64559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Frederick ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Frederick ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BROTHER INNOCENT, C.F.X. (DENIS H. ROUSE)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ---
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 10, 1876
8. AGE: Years 72 | Months 4 | Days 18 | If less than one day hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Thomas Rouse
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Carroll
15. Birthplace Unknown

16 (a) Informant Bro. Victorian, C.F.X.
(b) Address 4409 Frederick ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 116 N. Mt. Royal Ave

19 JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1948, to June 28 1948, and that I last saw h[illegible] alive on June 27 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage, Myocardial degeneration	
Due to Hypertension.	
Arterio Sclerosis	
Due to	
Other Conditions Chr. Interstitial Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN'S
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Hatch M. D.
Address 215 Wellers Av Date signed 6/29/48

VS 150

937

G64560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G64560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3820 Fairhaven Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Ruth Lightner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife D. Lockridge Lightner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1927

8. AGE: Years 20 | Months 11 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER 12. Name Arch M. Buzzard

13. Birthplace Bath Co., Va.

MOTHER 14. Maiden Name Alice Kelly

15. Birthplace Bath Co., Va.

16 (a) Informant Harry E. Buzzard (Bro.)

(b) Address 208 Frankel St.

17 (a) Burial (b) Date thereof 7-2-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mountain Grove Cem.

Location Bath Co. Va.

18 (a) Funeral director Harley S. Zeiler

(b) Address 29 S. Conkling St.

19 [illegible] Staunton, Va.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-28-48 at 6:25 P.M.

(b) Where did injury occur? 3820 Fairhaven Ave

Did injury occur at home, on farm, industrial place, in public place? home While at work? —

(d) Means of injury [illegible]

23. Signature [signature] M.D.
Medical Examiner.

Date signed 6-29-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

VS 151

G64561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64561

Type or print. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Catapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effieda K. Godwin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W.
6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Samuel D. Godwin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1887

8. AGE: Years 60 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Charles E. Klotsch
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth "
15. Birthplace "

16 (a) Informant Elizabeth Stinecomb
(b) Address 1319 Patapsco Ave

17 (a) Burial (b) Date thereof 7/2/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn
Location Md

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1948, to June 29 1948, and that I last saw her alive on June 29 1948.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bobby L. James M. D.
Address Franklin Square Date signed 6/29/48

G64562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Edmondson Ave
(c) Hospital or institution: 18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 17. (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie B. Love

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 68 | Months — | Days — | If less than one day hr. min.

9. Birthplace Laurens. S. C. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name David Martin
13. Birthplace S. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace S. C.

16 (a) Informant Mrs. Guy C. Brayton
(b) Address 913 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Wyllie A. Jackson
(b) Address 916 Penna. Ave.

19 (a) JUN 30 1948 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945, to June 26 1948, and that I last saw h[illegible] alive on June 25 1948

	Duration
Immediate cause of death Pulmonary Congestion (Hypostatic Pneumonia)	2 days
Due to Cardiac decompensation	1 wk
Due to Arteriosclerotic Heart disease	7
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. D. Phifer III C
Address 1422 Eutaw Pl. Date signed 6/29/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

Registered No. G64563

The information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution: Good Samaritan 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town 1005 Shields Place
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Strother

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Walter Taylor
(b) Address 1002 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Wm J Jackson
(b) Address 916 Penna Ave

19 (Date received by Registrar) JUN 30 1948 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 5-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1948, to June 28 1948 and that I last saw him alive on June 28 1948

Immediate cause of death. (a)	Duration
Senility	
Due to	
Due to	
Other Conditions Decubitus Ulcers	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Taylor
Address 27 N. Carey Date signed 7/2/48

VS 150

162 D

664564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 664564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1211 Light St
(b) Street address Mail E. Chesapeake St.
(c) Hospital or institution: South Balto Gen Hosp 13-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Callow Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Uriel Fainglos

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Reba
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Ins agent
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Reba Fainglos
(b) Address 2210 Callow Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave
18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place
JUN 30 1948 (Date rec'd by registrar) (b) Huntington & Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1948 to June 29 1948, and that I last saw deceased alive on June 29 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to Hypertensive cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Harold Dillon M.D.
Address South Balto Gen Hosp Date signed 6/29/

VS 150

G64565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G64565 Registered No.

Please write or type information supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution:
Sinai 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2905 N. Charles St. Baltimorean Apts
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DR WILLIAM D. WOLFE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 11

8. AGE: Years 37 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Doctor

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie
15. Birthplace Russia

16 (a) Informant Beatrice Wolfe
(b) Address Baltimorean Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Bath Shalom
Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 760 Eutaw Place

19 JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 10 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1948 to 6-29-1948 and that I last saw h/m alive on 6-29- 1948

Immediate cause of death	Duration
Acute Monocytic Leukemia	
Due to	
Due to	
Other Conditions Pulmonary Edema (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allan Y. Wolinsky M. D.
Address Sinai Hospital Date signed 6-29-48

X

G64566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64566

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 No Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 No Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katz, Ber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1887

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER 12. Name Joseph
13. Birthplace Russia

MOTHER 14. Maiden Name Zeil
15. Birthplace Russia

16 (a) Informant Sarah Katz
(b) Address 133 No Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 200 Eutaw Place

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1948, at 5-00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1948 to 6-29 1948 and that I last saw him alive on 6-29 1948

Immediate cause of death Congestive Heart failure — Duration

Due to Arterio sclerotic Heart Disease

Due to

Other Conditions Chronic pyelonephritis Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jerome H Dorfman M. D.
Address 5 West Hoff Date signed 6-29-48

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 150

664567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 87c

Registered No. 664567

The Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Mizen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Simon
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant Family Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-48 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl

19 JUN 30 1948 (Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1948 at 1 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on June 30 1948.

	Duration
Immediate cause of death: Cardiac failure	1 mos
Due to: Arterio-sclerosis	4 yrs
Due to:	
Other Conditions: Parkinsons disease	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Gardens Date signed 1-30-49

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G61568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G61568

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monumemt & Rutland Aves.

(c) Hospital or institution Sinai Hospital 27-16

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt. Sinai Home (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Joblin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Late Ida M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1877

8. AGE: Years 70 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER

12. Name ? Joblin

13. Birthplace Russia

MOTHER

14. Maiden Name ?

15 Birthplace Russia

16 (a) Informant Mr. Israel Joblin

(b) Address 3610 Rosedale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 30 48 (month) (day) (year)

(c) Cemetery or crematory Mickro Kodesh Cong Location Bowleys Lane

18 (a) Funeral director Sol. Levinson & Bros.

(b) Address 1124-26 W. North Ave.

19 (a) JUN 30 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1948, to 6-29 1948, and that I last saw h[illegible] alive on 6-29 1948.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Sinai Hosp. Date signed 6/29/48

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VS 150

G64569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64569

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division ST

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos

(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 111 Dolphin St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Arthur Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Annie L. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-1899

8. AGE: Years	Months	Days	If less than one day
48 49	8	18	..... hr. ..... min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER

12. Name Alonza Brown

13. Birthplace Florida

MOTHER

14. Maiden Name Nora McComb

15. Birthplace Florida

16 (a) Informant Walter Brown

(b) Address 1004 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1948 (month) (day) (year)

(c) Cemetery or crematory Halifax Co. Tillery N.C.

Location

18 (a) Funeral director Earl Gilmore

(b) Address 519 Mosher St.

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27 1948 at 7:58 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1948 to 6/27 1948 and that I last saw him alive on 6/27 1948

Immediate cause of death: Cerebral Hemorrhage — Duration 5 hrs

Due to

Due to Hypertension

Other Conditions (old) Hemiplegia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Garner M.D.

Address 1514 Division St Date signed 6/27/48

VS 150

664570

BALTIMORE CITY HEALTH DEPARTMENT X 39c Registered No. 664570

CERTIFICATE OF DEATH

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type or print in indelible pencil. Use no abbreviations. Spell out all words. Be careful and write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
Univ Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A.
(c) City or town Deal Post Offi
(If outside city or town limits, write RURAL and give town)
(d) Street No. Clark St. Owings Beach
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Davis Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 25, 1944

8. AGE: Years	Months	Days	If less than one day
3	10	4	hr. min.

9. Birthplace Annapolis Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Perkins Cohen
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Pettinger
15 Birthplace Va.

16 (a) Informant Mrs. Harry P. Cohen
(b) Address Owings Beach Deal Pt. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1948 (month) (day) (year)

(c) Cemetery or crematory Deal
Location Deal, A.A. Co. Md.

18 (a) Funeral director R.L. Hopping & Son.
(b) Address 120-122 West St Annapolis Md.

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1948, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1948 to 6/29 1948.
and that I last saw her alive on 6/24 1948

Immediate cause of death: Rocky Mountain spotted fever — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest G. Henry
Address Univ Hosp Date signed 6/30/48

G64571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G64571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution: Mercy Hosp 9-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. 32nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Ditzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1867

8. AGE: Years	Months	Days	If less than one day
81	2	22	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Adam Ditzel
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline White
15. Birthplace Germany

16 (a) Informant Lillian Burley
(b) Address 1618 E. 32nd St.

17 (a) Burial (b) Date thereof July 2 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Fortney & Yoe
(b) Address 2324 N Charles St.

19 JUN 30 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1948, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19, 1948, to 6-27 1948 and that I last saw h[illegible] alive on 6-29 1948

Immediate cause of death	Duration
Uremia	
Sp. Subarachnoid Hem.	10 days
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions Fractured Left Hip	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, ~~suicide, or homicide~~ contributing Accident
(b) Date of occurrence 6-19-48 at 5:45 P M
(c) Where did injury occur? 400 Blk. E. Bells St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Fell to pavement

23. Signature Howard J. Willis, M.D.

Address [illegible] Date signed 6-29-48 M. D.

VS 150

correct age is especially important.; Physicians: please write the causes of death clearly and legibly.

G64572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

G64572 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 E. 25th ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E. 25th ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** MARGARET WALSH SHEVLIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife OWEN K SHEVLIN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 15, 1883

8. AGE: Years 65 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace IRELAND (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name THOMAS WALSH
13. Birthplace IRELAND

MOTHER 14. Maiden Name WINNIFRED RYAN
15. Birthplace IRELAND

16 (a) Informant MR. OWEN SHEVLIN
(b) Address 111 E. 25th ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/1/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ NEW CATHEDRAL
Location BALT ST MD

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address BALTIMORE, MD.

19 JUN 30 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1948, at 7 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to June 28 1948 and that I last saw her alive on June 28 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	1/2 hr.
Due to Hypertension	12 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward M. Dunn
Address 17 E. Read St. Date signed 6/29/48

M. D. of C. J. Sutnicki by X
Howard T. Mallin, M.D.

G64573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G64573

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3913 W. Mulberry St.
(c) Hospital or institution: 20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY W. GIBSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Louise Gibson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1878

8. AGE: Years	Months	Days	If less than one day
69	5	28 29	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Gibson
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary McElroy
15. Birthplace Balto.

16 (a) Informant Miss Catherine M. Gibson
(b) Address 3913 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Mathews, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948 at 11:40a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1948 to 6/27 1948
and that I last saw h[illegible] alive on 6/17 1948

Immediate cause of death	Duration
Carcinoma of prostate	6+ mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Monson M.D.
Address 11 E. Chase St Date signed 6/28/48

X

G64574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 125a

G64574 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Queen & Fairland St.
(c) Hospital or institution:
Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Timonium
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. MARIE LOHEFEE

3 (b) If veteran, name war: -

3 (c) Social Security Account No.: -

4. Sex: F

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1900

8. AGE: Years 47 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles E. Bowers, Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Hiltner
15. Birthplace Baltimore

16 (a) Informant Mr. Charles E. Bowers, Jr.
(b) Address 1308 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 30 1948 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1948 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1948 to 6-27 1948 and that I last saw h[illegible] alive on 6-27 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Acute Gallbladder	
Due to Portal Cirrhosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Hall M. D.
Address Univ. Hosp. Date signed 6-28-48

VS 150

X

G64575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64575

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2744 Riggs Ave.
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMY FERREE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Apr. 19, 1874

8. AGE: Years	Months	Days	If less than one day
74	2	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Alexander Ferree
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Clements
15. Birthplace Va.

16 (a) Informant Miss Ruth Ferree
(b) Address 2744 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 30 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1948, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16/47 to 6/28/48 and that I last saw h[illegible] alive on 6/27/48

Immediate cause of death: Cardiac insufficiency — Duration 48 hrs
Due to: Cardio-renal — since 10/16/47
Due to: Vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Ida Bowden Bowden
Address 157 E North Ave. Date signed 6/29/48.

Dr. Sawyer

4576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4632 Walther Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4632 Walther Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise E. Lotz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Frederick W. Lotz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1874

8. AGE: Years 74 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name August Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Philopena Oberacker
15. Birthplace Germany

16 (a) Informant Mrs. Lloyd Hammick
(b) Address 4632 Walther Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (d) JUN 30 1948 (Date rec'd by registrar) (c) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948 at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1947 to June 28 1948 and that I last saw HER alive on June 28 1948.

Immediate cause of death	Duration
Acute Coronary Occlusion	1 day
Due to Arteriosclerotic Heart Disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Dawyer M.D.

Address 4808 Harford Rd. Date signed 6/29/48

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

664577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 664577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where exact date of birth is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Ave
(c) Hospital or institution: Jenkins Memorial 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev George H. Tragesser (REV. GEORGE H. TRAGESSER)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1862

8. AGE: Years	Months	Days	If less than one day
86	5	17	--hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Roman Catholic Priest
11. Industry or business ----------

FATHER
12. Name John G. Tragesser
13. Birthplace Not obtainable

MOTHER
14. Maiden Name Mary A. Shanefelter
15. Birthplace Not obtainable

16 (a) Informant Rev. John J. Duggan
(b) Address 408 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. O. Weeks and Son
(b) Address 805 N. Calvert Street

19 (a) JUN 30 1948 (Date received by registrar) Augustine Tom Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 12.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to June 29 1948, and that I last saw him alive on June 25 1948

Immediate cause of death	Duration
Cardio-Resp. failure	
Due to Arteriosclerosis C-V Dis.	
Due to	
Other Conditions Chr. Cholecystitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas L. Carr M.D.
Address Date signed 6/29/48
(CHAS CARR)

VS 150

G64578
AB-120631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

G64578
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. To be entered upon this certificate should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5337 Denmore Ave. zone 15
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agustus Jacob Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sadie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 10-1881

8. AGE: Years	Months	Days	If less than one day
66	6	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace ?

MOTHER
14. Maiden Name Alice Tyler
15. Birthplace ?

16 (a) Informant Records - Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

JUN 30 1948 (Date rec'd by registrar) (b) Huntington Wills, Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27— 1948, at 3.40PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948, to 6-27- 1948, and that I last saw him alive on 6-27- 1948.

Immediate cause of death Cerebral Hemorrhage — Duration 8 da.
Due to
Due to
Other Conditions Bronchopneumonia — 5 da.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Benford, M. D.
Address Balt. City Hosp. Date signed 6-27-48

G64579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G64579

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 N. Caroline Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N. Caroline Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM FREDERICK TAPKING SR.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna E. (Erdman)
6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) July 14, 1854

8. AGE: Years 93 94 | Months 11 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Frederick Tapking
13. Birthplace Germany

MOTHER
14. Maiden Name P Schumann
15. Birthplace Germany

16 (a) Informant Mrs. Anna E. Tapking
(b) Address 1726 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE & BROADWAY

19 (a) Filed 6-30-1948 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1948 to 6/27 1948, and that I last saw h[illegible] alive on 6/24 1948.

Immediate cause of death	Duration
Cardiac insufficiency	48 hrs
Due to Cardio-renal disease	since 5/27/48
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hal Sanders
Address 517 E North Ave. Date signed 6/29/48. M. D.

X

Dock. L Lightner

G64580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. G64580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 25-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dock L. Lightner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1919

8. AGE: Years 29 S.M.D.W. | Months 3 | Days 10 25 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant: Mrs H. L. Tolley
(b) Address 7409 Dunmanway Rd. Balto.22.Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 1 48 (month) (day) (year)
(c) Cemetery or crematory
Location Marlington, W. Va.

18 (a) Funeral director Lilly and Zeiler, Inc.
(b) Address 103 S. Wolfe St. Balto. 31. Md.

19 (a) JUN 30 1948 (Date received by registrar) Huntington, West Virginia

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 1:05 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inquest, inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of brain

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-28-48 at 6:30 P.M.
(b) Where did injury occur? 3320 Fairmount Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? No
(d) Means of injury. Gunshot

23. Signature [signature] M.D. Medical Examiner
Date signed June 29, 1948

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G64581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G64581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 South Streeper Street
(c) Hospital or institution: None 1-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 South Streeper Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA C. CREAMER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife William C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/1879

8. AGE: Years	Months	Days	If less than one day
68	11	27	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John Torkson
13. Birthplace ?

MOTHER
14. Maiden Name Klasina ?
15. Birthplace ?

16 (a) Informant Norman Creamer
(b) Address 633 South Streeper Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Avenue Extension

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 1901 Eastern Avenue Balto 31

19 (a) JUN 29 1948 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th, 1948, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 23 March 48 to 27 June 1948. and that I last saw her alive on 26 June 1948.

Immediate cause of death Bronchopneumonia, bilateral — Duration 3 Days
Due to
Due to
Other Conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature Thos. J. Timmins
Address 1515 N. Milton Ave Date signed 27 June 48

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

VS 159

G64582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

833a

G64582

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Nortonia Road.
(c) Hospital or institution: Mount Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville. (If outside city or town limits, write RURAL and give town)
(d) Street No. Naylor Lane. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME FLORA LAZARUS LEVYNE.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Herman Levyne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1873.

8. AGE: Years	Months	Days	If less than one day
75	5	2	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Lazarus.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant Mr. Sidney A. Levyne,
(b) Address Naylor Lane. Pikesville, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/30/48. (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Queens County, N. Y.

18 (a) Funeral director David Sondheimer Son
(b) Address 1902 Eutaw Place.

19 [illegible] 30 1948 (Date filed by registrar) (By) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th. 19 48 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to June 29 1948.
and that I last saw h. alive on June 28 1948

Immediate cause of death	Duration
Cerebral hemorrhage.	2 weeks
Due to Hypertension.	15 years
Due to Ingrowth of toe nail.	4 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob L. Katzenstein M. D.
Address 1720 Eutaw P. Date signed 6/30/48.

VS 150

G64583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G64583 Registered No.

G64583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Ward St
(c) Hospital or institution: 21

(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Ward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. Lawrence Heim

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Sophia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 31st 1877
8. AGE: Years 70 Months 6 Days 30 If less than one day hr. min.
9. Birthplace Anne Arundel Co.
(Town, county, and state)
10. Usual Occupation Cooper maker
11. Industry or business Bartlett & Hayward Co

FATHER
12. Name George Heim
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah Dawkins
15. Birthplace Anne Arundel Co.

16 (a) Informant Mrs Emma Mitchell
(b) Address 1127 Ward St
17 (a) Burial (b) Date thereof 7/3/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmonson Ave & Longwood St
18 (a) Funeral director John J. Gowan & Son
(b) Address 901-03 Hollins St.
(c) Date rec'd by registrar JUN 30 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1948 at 12 54 M
21. I certify that death occurred on the date above stated; that I attended deceased from April 5th 1948 to June 30th 1948 and that I last saw him alive on June 29th 1948.

Immediate cause of death	Duration
Pneumonia	
Due to Coronary Arteriosclerosis	2-3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E. Temple
Address 642 N. Eutaw St Date signed 6-30-48 M. D.

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G64584 G64584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 838

E.J.A. 120375

Please write the causes of death clearly and legibly. Physicians: please write the correct age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 16
(d) Street No. 3408 Shellsun Ct. 26 (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME: Caroline Larrimore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Henry Larrimore

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr) Nov. 5, 1904

8. AGE: Years 43 44 Yrs. | Months 7 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Leonard
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wright
15. Birthplace Md.

16 (a) Informant Records Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory Filgahman's Cem
Location Filgahman, Md

18 (a) Funeral director John F Henny Inc
(b) Address 714 Eight St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JUN 30 1948

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-48 19 48 12:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ..., and that I last saw h... alive on ... 19 ...

Immediate cause of death: Pontine thrombosis — Duration: 18 da.

Due to:

Due to:

Other Conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Benford M. D.
Address Balt. City Hosp. Date signed 6-29-48

664585 ✓ 664585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write as directly supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 N. Charles St
(c) Hospital or institution: Harrington apts 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Cunningham Bowles

3 (b) If veteran, name war –
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Thos. H. Bowles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1860 ?

8. AGE: Years 87 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Savannah Ga (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Alexander Cunningham
13. Birthplace Savannah Ga.

MOTHER 14. Maiden Name Unknown
15 Birthplace

16 (a) Informant Geo. E. Adams
(b) Address Safe Deposit - Trust Co

17 (a) Removal Rembrae (b) Date thereof June 30 / 48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Grove
Location Savannah, Ga.

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address 4905 York Road

19 (a) (b) Huntington Woods, Md.
(Date received by registrar)

JUN 30 1948

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1948 to June 28 1948 and that I last saw ... alive on June 27 1948

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arterio Sclerosis	
Due to Accident to old age	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Radcliffe M. D.
Address 1101 St Paul St Date signed 6/29/48

X

G64586
GM. 120711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 479

G64586
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 E. Lexington ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Kearney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Mattie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 11 - 1883

8. AGE: Years 65 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Kearney
13. Birthplace N.C.

MOTHER
14. Maiden Name Serena ?
15. Birthplace N.C.

16 (a) Informant Records Balto City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 48 (month) (day) (year)
(c) Cemetery or crematory
Location Fayetteville N. Carolina

18 (a) Funeral director Mrs. Robt. A. Ellis & Son
(b) Address 1129 N. Caroline St. Huntington Williamson, W. Va.

JUN 30 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 28 1948, at 12,40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 24- 1948, to 6- 28 - 1948 and that I last saw h alive on 6- 28 -1948.

Immediate cause of death: Respiratory failure — Duration

Due to ? Pulm. tuberculosis

Due to ? Ca. of lung. ? Lung abscess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. T. Benford M. D.
Address Balt. City Hosp. Date signed 6-28-48

VS 150

X

G64587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G64587 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 Millington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Millington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louis Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Rhoda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Wm Simons

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Harriett Simms

15. Birthplace Balto. Co. Md

16 (a) Informant Rhoda Smith

(b) Address 1638 Millington Ave

17 (a) Burial (b) Date thereof July 1 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location

18 (a) Funeral director McPhail Elliott & Daughter

(b) Address 1799 E. Caroline St

19 (a) (b) Registrar
(Date rec'd by registrar)

JUN 30 1948

VS 150

MEDICAL CERTIFICATION

20

20. DATE OF DEATH June 27 1948, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1948 to June 27 1948. and that I last saw h alive on June 26 1948.

Immediate cause of death	Duration
Cardio-Nephritis	Indefinite
Due to Edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.

Address 1612 E. Monument Baltimore 24

X

HG

G64588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G64588 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution: Good Samaritan
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4612 Virginia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Wingate

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 26, (1877) 1899

8. AGE: Years (49) 48 | Months 7 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard W. Wingate.
13. Birthplace Md

MOTHER
14. Maiden Name Hester Halliday
15. Birthplace Md.

16 (a) Informant Annie R. Frampton.
(b) Address 4612 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (month) (day) (year)
(c) Cemetery or crematory Cambridge
Location Cambridge Md

18 (a) Funeral director Paul C. Schenauth Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date) JUN 30 1948 (b) by registrar Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1948, to June 28 1948 and that I last saw h[illegible] alive on June 28 1948

Immediate cause of death: Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 27 North Carey Date signed 6/29/48

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The exact age is especially important.

G64589 ✓ G64589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

Please write plainly. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3650 Oak St.
(c) Hospital or institution: 12-

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3650 Oak St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert L. Mechalake Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-9454

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myrtle E. Mechalake

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1894

8. AGE: Years 54 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Section Hand.

11. Industry or business Textile Mills.

FATHER
12. Name Wm. Mechalake
13. Birthplace Pa

MOTHER
14. Maiden Name Lottie Baublitz.
15. Birthplace Md.

16 (a) Informant Myrtle E. Mechalake.
(b) Address 3650 Oak St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park.
Location

18 (a) Funeral director Paul E. Schmauch Jr.
(b) Address 3457 Edgemont Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

June 30, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1947 to June 29 1948 and that I last saw h. alive on June 27 1948.

	Duration
Immediate cause of death: Cerebral Thrombosis	4 days
Due to Arteriosclerosis C V D.	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? SCHUMANEK
(e) Means of injury

23. Signature Lawrence J. Schmauch M. D.
Address 3711 Falls Rd Date signed 6-28-48

3711

X

G64590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G64590
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information is required by law and is strictly confidential.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Puerto Rico
(c) City or town Santurce (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Eduardo Conde (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Manuel Nieves

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-19

8. AGE: Years 28 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Puerto Rico (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Felip Nieves
13. Birthplace Puerto Rico

MOTHER 14. Maiden Name Santa O'Neill
15. Birthplace Puerto Rico

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1 48 (month) (day) (year)
(c) Cemetery or crematory
Location San Juan - Puerto Rico

18 (a) Funeral director Gilbert Funeral Home
(b) Address 2000 E. Oregon St.

19 (a) JUL 1 1948 (b) Local registrar Huntington Hilliard

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 8-40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948, to June 29 1948, and that I last saw h-m alive on June 29 1948.

Immediate cause of death: Cerebral vascular accident — Duration 6 hrs.
Due to: Hypertensive Cardio-vascular disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation June 48
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address JOHNS HOPKINS HOSPITAL Date signed 6-30-48 M. D.

X

G64591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G64591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 E. Pratt St.,
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 E. Pratt St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas G. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia Stein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1879

8. AGE: Years 68 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Annapolis, Md.
(Town, county, and state)

10. Usual Occupation Police-retired

11. Industry or business

FATHER
12. Name Daniel Stein
13. Birthplace

MOTHER
14. Maiden Name Catherine Stewart
15. Birthplace

16 (a) Informant Mrs. Edna McDermott
(b) Address 3506 Noble St.,

17 (a) Burial (b) Date thereof July 2, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) 1948 (b) 3
(Date rec'd by registrar) Registrar

Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948 19 , at 7 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/31 1948 to 6/29 1948.
and that I last saw h[illegible] alive on 6/29 19 48
Immediate cause of death

	Duration
Cerebral Hemorrhage	7 hrs
Due to Chronic Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Fowler M.D.
Address 3373 E. Baltimore St. Date signed 7/3/48

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. 64592

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64592 Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 N. Fulton Ave.
(c) Hospital or institution: 19 1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Hartlieb

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose Kiefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1895

8. AGE: Years	Months	Days	If less than one day
52 53	7	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER 12. Name Valentine Hartlieb
13. Birthplace Germany

MOTHER 14. Maiden Name Rose Buchheim
15. Birthplace Germany

16 (a) Informant Mrs. Rose Hartlieb
(b) Address 103 N Fulton ave

17 (a) Burial (b) Date thereof 7-1-48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director George Farley
(b) Address Fulton ave Fayette St.

19 (a) 6/30/48 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1948, at 7:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1945 to 6-28 1948 and that I last saw h[illegible] alive on 6-20 1948.

Immediate cause of death Coronary thrombosis — Duration 3 yrs.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury
23. Signature A. C. Cole's
Address 4 N. Fulton Date signed 6/30/48

VS 150

Please write the causes of death clearly and legibly. Any important physical defect should be reported. This

G64593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 Block Fredmont Rd
(c) Hospital or institution: Mercy Hospital
Grundy Department

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs. 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Baltimore St W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Caroline H. Bockmiller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife. Henry G. Bockmiller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 8, 1879

8. AGE: Years	Months	Days	If less than one day
68	7	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name Rudolph C. Schroepfer
13. Birthplace Germany MD

MOTHER
14. Maiden Name Caroline Burchardt
15. Birthplace — GERMANY

16 (a) Informant Mr HENRY G BOCKMILLER
(b) Address 2115 W. BALTIMORE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location 3201 Frederick Rd

18 (a) Funeral director Harry A Wetzler
(b) Address 4101 Edmondson Ave Baltimore, Md

19 (a) JUN 30 1948 (Date received by Registrar) Thurston Wallace, Registrar

MEDICAL CERTIFICATION 48

20. DATE OF DEATH June 29 1948, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1947, to June 29 1948, and that I last saw h. alive on June 29 1948.

Immediate cause of death	Duration
Cerebral Hemorrage	
Due to Arterio Sclerosis	
Due to	
Other Conditions High Blood Pressure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred J. Grundy M. D.
Address 500 n Fredmont Rd Date signed 6-29-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

664594

BALTIMORE CITY HEALTH DEPARTMENT ✓ 664594

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: WEST BALTO. GENERAL 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 DENNISON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HIRAM R. GRAY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-8336

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of ~~husband or~~ wife CHARLOTTE (BAST)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 6 1888

8. AGE: Years 60 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business G.E. SUPPLY

FATHER
12. Name DANIEL GRAY
13. Birthplace MD

MOTHER
14. Maiden Name LYDIA MINEIL
15. Birthplace MD

16 (a) Informant MRS CHARLOTTE GRAY
(b) Address 602 DENNISON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK RD

18 (a) Funeral director Harry A Wyatt
(b) Address 4101 Edmondson Ave

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw h alive on 19 .

Immediate cause of death Cardio-regulatory failure — Duration

Due to Coronary thrombosis and myocardial infarction

Due to Patient was followed by physician on outside

Other (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Teicher M.D.
Address West Baltimore Date signed June 30, 48

Neil Hoff

...correct age is especially important. Physicians: please write the ... item of information should be carefully supplied. The ... the causes of death clearly and legibly.

664595

664595

BC2 48-11470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 5/30/48 to 6/29/48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy Musacchio (VINCENT JOSEPH)

3 (b) If veteran, name war I

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/30/48

8. **AGE:** Years | Months | Days 29 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Vincent Musacchio
13. Birthplace Balto Md

MOTHER
14. Maiden Name Virginia Sisley
15. Birthplace Balto. Md

16 (a) Informant Joseph. Musacchio
(b) Address 528 Poplar Grove St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1 '48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location old Bulletin Rd

18 (a) Funeral director Harry A Welshe
(b) Address 4101 Edmondson Ave

19 (a) JUN 30 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/48, 19, 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30/48 19 to 6/29/48 19, and that I last saw him alive on 6/29/48

Immediate cause of death — Duration

Aspiration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas C. Webster M. D.
Address Md. Gen. Hosp. Date signed 6/29/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64596 — 364660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 94a ✓

G64596 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co.
(c) City or town Eastport (If outside city or town limits, write RURAL, and give town)
(d) Street No. 35 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Crowdy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	married

6 (b) Name of husband or wife Isabella Crowdy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-76

8. AGE: Years	Months	Days	If less than one day
72	4	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Janitor - retired
11. Industry or business

FATHER
12. Name Daniel Crowdy
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/48 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill
Location Annapolis Junction Md.

18 (a) Funeral director J. Johnson
(b) Address 2 Johns Hopkins Hospital Eastern Ave.

JUN 30 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 29 - 1948, at 11 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8- 1948. to 6-29- 1948
and that I last saw him alive on 6-29- 1948.

Immediate cause of death	Resp. Failure	Duration
Due to	Heart Failure	
Due to	Myocardial Infarct	
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Stuart M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6/30/48

VS 159

X

G64597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G64597 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 Division St.
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elijah Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Rose Co.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1882

8. AGE: Years 66 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Shreveport, La.
(Town, county, and state)

10. Usual Occupation Boiler maker

11. Industry or business R.R.

FATHER 12. Name Emanuel Gardner

13. Birthplace Staughton, La.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mr. Stanley H. Gardner

(b) Address 1629 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/1948 (month) (day) (year)

(c) Cemetery or crematory Family Lot

Location Shreveport, La.

18 (a) Funeral director Mrs. Geo. H. Dallas

(b) Address 1631 Druid Hill Ave.

19 (a) (Date received by Registrar) (Registrar) Hunterton Williams M.D. Registrar

6-30 1948

130

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1948, at 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 19 48 to 19 . and that I last saw him alive on 6-24-1948

Immediate cause of death	Duration
Myocarditis	6 hrs.
Due to Parkinsonian disease	12 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. J. Camper M. D.

Address 630 N. Carey St Date signed 6-30-48

X

G64598

GN. 92772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G64598

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Bradford ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Briza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: JOSEPHINE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 1 - 1865

8. AGE: Years 83 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Czecho. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name Frank (D)
13. Birthplace Czecho.

MOTHER
14. Maiden Name Frances (D)
15. Birthplace Czecho.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/48 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto Md

18 (a) Funeral director Mark Crockett
(b) Address 900 N Eden St

19 (a) [redacted] (b) Huntington Williamsville, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 28- 1948, at 2.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3- 26 -1945, to 6- 28 -1948, and that I last saw him alive on 6- 28- 1948

Immediate cause of death: Bronchopneumonia — Duration

Due to:

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Dearborn 2 Md. M. D.
Address Balto City Hosp Date signed 6-29-48

VS 159

G64599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64599

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N Collington a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Collington a (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna David

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John David

(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 80 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Vaclav Omasak
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant John David
(b) Address 803 N. Collington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brachowski
(b) Address 900 N. Chester St

19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1948 to 6/29 1948, and that I last saw h.e.r alive on 6/29 1948.

Immediate cause of death	Duration
Coronary Occlusion	4 days
Due to Diabetes Mellitus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pekorny
Address 2200 E Madison St
Date signed M. D. 6/30/48

VS 150

Please write the causes of death clearly and legibly.

G64600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G64600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution: 110 N. Calhoun St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5404 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Conoscenti

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1884

8. AGE: Years	Months	Days	If less than one day
63	7	13	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business self-employed

FATHER
12. Name Dominici Conoscenti
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria Micchi
15. Birthplace Italy

16 (a) Informant Joseph Conoscenti
(b) Address 5404 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Krause Funeral Home
(b) Address 1216 N. Charles St.

19 JUL 1 1948 (Date rec'd by Registrar) (b) Signature for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1948, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1948 to 6-28 1948 and that I last saw him alive on 6-28 1948.

Immediate cause of death	Duration
Myocardial Infarction	4 da
Due to Arteriosclerotic Heart D. Disease	2 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Laham M. D.
Address Franklin Sq Hosp Date signed 6-28-48

VS 150

GG4606 Hal 06

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 464605 G64601

Please write the causes of death clearly and legibly. Physicians: please write in duplicate. Typewriter suggested. This

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-

(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) ~~State~~ Country New Zealand (b) County ~~City~~

(c) City or town Herne Bay - Auckland
(If outside city or town limits, write RURAL and the town)

(d) Street No. 205 Jervois Rd
(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Rosemary Elizabeth Grice

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-14-26

8. AGE: Years	Months	Days	If less than one day
21.	6	15	..... hr. ..... min.

9. Birthplace New Zealand
(Town, county, and state)

10. Usual Occupation Art Student

11. Industry or business

FATHER
12. Name Lionel Lloyd James Grice
13. Birthplace New Zealand

MOTHER
14. Maiden Name Margretta Bayliss
15. Birthplace New Zealand

16 (a) Informant Reeny
(b) Address

17 (a) Cremation (b) Date thereof 7/1/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address JOHNS HOPKINS HOSPITAL Baltimore, Md.

19 (a) [illegible] 1 - 1948
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 - 1948, at 4.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1948 to 6-29 1948, and that I last saw her alive on 6-29 1948.

Immediate cause of death	Duration
Post Operative Shock	6 hrs
Due to Cardiac Decompensation	
Due to Congenital Heart Disease	21 yrs
Other Conditions Atelectasis	

(Include pregnancy within three months of death)

Date of operation June 29, 1948

Major findings of operation: Pulmonic Stenosis

of autopsy: Hemothorax

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Rosemary Grice M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 6-29-48
Johns Hopkins Hosp

VS 150

G64602

BALTIMORE CITY HEALTH DEPARTMENT X
CERTIFICATE OF DEATH 131a

G64602
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4509 LIBERTY HGTS. AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town RANDALLSTOWN
(If outside city or town limits, write RURAL and give town)
(d) Street No. LIBERTY RD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM THOMAS GAMBER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: EMMA JANE GAMBER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 8, 1878

8. AGE: Years 70 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation STONE MASON
11. Industry or business

FATHER
12. Name WILLIAM GAMBER
13. Birthplace MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MRS. ARTHUR D. SMITH JR.
(b) Address 4305 NEWPORT AVE

17 (a) BURIAL (b) Date thereof 7/1/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory PROVIDENCE
Location CARROLL CO. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUL 1 - 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1948, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1948 to 6-28 1948, and that I last saw him alive on 6-28 1948.

Immediate cause of death: Coronary Occlusion — Duration

Due to: Hypertension Arteriosclerosis

Due to: Generalized Arteriosclerosis

Other Conditions: Chronic Myocarditis + Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. Thos. Talbott M.D.
Address 4509 Liberty Hgts. Ave. Date signed 6-29-48

VS 153

931

G64603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64603

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 752 Bartlett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 & 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 752 Bartlett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Marie Krumholtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Andrew Krumholtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1872

8. AGE: Years 75 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Andrew Mihm
13. Birthplace Germany

MOTHER 14. Maiden Name May Krantz
15. Birthplace Pa.

16 (a) Informant Irene Middleton
(b) Address 752 Bartlett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Sons
(b) Address 1887 St. Paul St

19 (a) JUL 1 - 1948 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 2 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to June 30 1948 and that I last saw deceased alive on June 30 1948.

	Duration
Immediate cause of death: Pulmonary Edema	48 hrs
Due to: Cardiac Failure Mitral Stenosis	4 wks
Due to: Pneumonia	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 9855 Harford Rd Date signed 6/30/48

V S 150

GG1604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

GG1604 Registered No.

Type or print all items of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution Church Home Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Albany, N. Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Allen St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES Bird MORSE

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 105-01-8952

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Marie Preister Morse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-12-1877

8. AGE: Years 70 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Sanford - New York (Town, county, and state)

10. Usual Occupation Retired-Sale Mgr - Cherry-Burrell Co.

11. Industry or business Dairy Mach. & Supplies

FATHER
12. Name Myron S. Morse
13. Birthplace ? Sanford - N.Y.

MOTHER
14. Maiden Name ? ? Thurston
15. Birthplace Sanford - N.Y.

16 (a) Informant Mrs. Marjorie Morse Davis (Daughter)
(b) Address 2713 Mt. Holly St. - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Memorial Co.
(b) Address 1 E. Madison St.

19 (a) Jul 1 - 1948 Washington, Maryland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 6 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 6/30 1948 and that I last saw him alive on 6/30 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6/21/1948
Major findings of operation: Arteriosclerosis - Moderate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Beal Jr. M.D.
Address Saint Paul St. Date signed 6/30/48

VS 150

3285 X Bloom

G64605 48-12991 AB- 120620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G64605 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 19

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Harmmona

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21- 1948

8. AGE: Years	Months	Days	If less than one day
		1day	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Jones
13. Birthplace ?

MOTHER
14. Maiden Name Winnie Harmmona
15. Birthplace ?

16 (a) Informant Record-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 6-30-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory B.C.H.Hosp.
Location 4940 Eastern ave

18 (a) Funeral director
(b) Address

19 (JUL 1 - 1948) (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 190

MEDICAL CERTIFICATION PM

20. DATE OF DEATH June 22- 1948 at 7.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948 to 6-22- 1948 and that I last saw her alive on 6-22- 1948

Immediate cause of death	Duration
Prematurity	1dy
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred H. Baker M. D.
Address Baltimore City Hosp. signed

6/29/48

G64606 BC-48-13300 BALTIMORE CITY HEALTH DEPARTMENT Registered No. G64606
GM. 120682 CERTIFICATE OF DEATH 159

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Be sure all items of information shown be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Woodview RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jones Baby Girl (Mother Bertha)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6- 23- 48

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John
13. Birthplace VA.

MOTHER
14. Maiden Name Bertha Thomas
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-28-48 9 AM (month) (day) (year)
(c) Cemetery or crematory B. C. Hosp.
Location 4940 Eastern ave

18 (a) Funeral director
(b) Address

19 (a) JUL 1 1948 (Date rec'd by Registrar) (b) Transcribed for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 25- 1948, at 7.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 23 1948, to 6- 25 1948 and that I last saw her alive on 6- 25- 1948

Immediate cause of death Prematurity — Duration 2d
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd H. Beatty M. D.
Address Balto City Hosp Date signed 6/29/48

VS 150

664607
AB120637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 664607

Please write the causes of death clearly and legibly. Physicians: please write. Correct age is especially important. The [illegible] information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940m Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Play St. Play
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Miles

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21-1948

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clarence Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Alverta Miles
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 6-29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory B. C. H. Crematory
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUL 1 - 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21- 1948, at 10-20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948, to 6-21- 1948, and that I last saw h alive on 1948.

Immediate cause of death Premature Dy — Duration 1 hour

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arnold H. Becker M. D.
Address Baltimore Md. Date signed 6/29/48

VS 150

GG1608 — 48-13328 — GM. 120708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

Registered No. GG1608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5605 Woodlark Ct. Z 24
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Shearin, Baby Boy (Mother Fannie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-48

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Joyner
13. Birthplace N.C.

MOTHER
14. Maiden Name Fannie Shearin
15. Birthplace N.C.

16 (a) Informant Records Balt. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-28-48 (month) (day) (year)
(c) Cemetery or crematory B.C. Hosp.
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 1 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1948, at 12.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24-1948 to 6-25-1948, and that I last saw him alive on 6-25-1948

Immediate cause of death: Prematurity — Duration 12 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward H. Beebe M. D.
Address Balto. City Hosp. Date signed 6/28/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1307

Registered No. G64609

Write the causes of death clearly and legibly. Physician: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Thorndale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Kesmick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary I. Wirtz.

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James M. Wirtz.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1871

8. AGE: Years	Months	Days	If less than one day
77	1	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joshua Stansbury
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Stonesifer
15. Birthplace Md.

16 (a) Informant Irene L. Greentree
(b) Address 2923 Thorndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Paul C. Schenauth Jr.
(b) Address 3415-17 Westwood Ave.

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1948, to June 29 1948, and that I last saw h[illegible] alive on June 26 1948.

Immediate cause of death: Acute Dilatation Myocardial degeneration — Duration 10 yrs
Due to Coronary Sclerosis Hypertrophy Arteriosclerosis of
Due to Abdominal Aorta aorta
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence by at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2818 St. Paul St. Date signed 6-30-48

G64610

BALTIMORE CITY HEALTH DEPARTMENT

GM. 72530

CERTIFICATE OF DEATH 1937

Registered No. G64610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1884- 57 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 N. Chester ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Duerr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Sophia (Sep.)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27 1867

8. AGE: Years 81 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace PA.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Conrad
13. Birthplace Germany

MOTHER
14. Maiden Name Lucindy Wonemaker
15. Birthplace PA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. Ext.

18 (a) Funeral director Leo G. Lauck
(b) Address 701-03 N. Patterson Park Ave

19 (a) Filed 1948 (b) Received by registrar Huntington Williams M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 20 - 1948, 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3- 14- 1942 to 6- 20 -1948, and that I last saw him alive on 6- 20 -1948

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions: Generalized Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Rosborough Jr. M. D.

Address Balto. City Hosp. Date signed 6-29-48

VS 150

107

G64611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G64611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 W. Cross Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Hassell Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Harris
13. Birthplace N.C.

MOTHER
14. Maiden Name Josann Jones
15. Birthplace N.C.

16 (a) Informant Mary Harris
(b) Address 130 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Daniel L Brown Son
(b) Address 1084 Montgomery St

19 (a) [illegible] 1- 19 [illegible] Washington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 48 at 4:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/28/48 at 3:00 P M.
(b) Where did injury occur? Pier #10, Canton
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? yes
(d) Means of injury Fell overboard

23. Signature [signature] Medical Examiner M.D.
Date signed 6-29-48

VS 151

Welters

G64612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64612

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 N. Carey St
(c) Hospital or institution: 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Carey ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie B. Welters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mike Welters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1873

8. AGE: Years 74 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Saint Augustine, Fla.
(Town, county, and State)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Newton Reviers
13. Birthplace Charleston, S. C.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. C. P. Stine
(b) Address 230 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/47 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location Baltimore, Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 130 [illegible] St.

19 (a) [illegible] 1948 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1948 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1947 to 6/30 1948
and that I last saw h[illegible] alive on 6/20 1948

Immediate cause of death
Cerebral Embolism
Due to Heart Disease

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Williams Garner M.D.

Address 253 George St Date signed 6/30/48

VS 150

X

64613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 64613

Correct age is especially important. Physicians: please write the cause of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Asquith St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary E. Friary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife David A. (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1872

8. AGE: Years 76 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John D. Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary A. ?
15. Birthplace Md

16 (a) Informant Bertha Johnson
(b) Address 210 Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md

18 (a) Funeral director Joseph L. Locke
(b) Address 1364 N. Central Ave

19 (a) [redacted] (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1948, at 10.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1947 to 6-29 1948 and that I last saw her alive on 6-28 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Cerebral apoplexy Hemorrhage	4 yrs.
Due to Hypertension	4 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. E. Burrows
Address 1V1 Asquith St Date signed 6/30/48

VS 150

G64614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93E

Registered No. G64614

Please write the causes of death clearly and legibly. Physicians, please write in ink. Use no abbreviations.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos. or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Bredekamp

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-15-5519

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~

6 (b) Name of husband or wife Mary A Bredekamp
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 23-1865

8. AGE: Years 82 | Months 11 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Shipyard

FATHER
12. Name Herman H Bredekamp
13. Birthplace ?

MOTHER
14. Maiden Name Mary D Stutzman
15. Birthplace ?

16 (a) Informant Joseph H. Bredekamp
(b) Address 3408 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto

18 (a) Funeral director J. S. Herbert & Son
(b) Address 3101 Pentridge Ave

19 (a) July 1 1948 (b) Recorded by Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 25 1948, and that I last saw him alive on June 25 1948.

Immediate cause of death — Pulmonary Oedema
Duration 2 Days
Due to Cardiac Failure
Duration 3 yrs
Due to
Duration over
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(b) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. D. Zimmerman
Address 2855 Harford Rd Date signed 6/30/48

G64615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 N. Milton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Milton Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Klima

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frank Klima

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1896

8. AGE: Years 51 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Potts
13. Birthplace unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Agnes Skarda - daughter
(b) Address 910 N. Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 JUL 1 - 1948 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1947 to June 29 1948 and that I last saw h[illegible] alive on June 29 1948

Immediate cause of death: Cerebral Hemorrhage Duration
Due to: Arteriosclerotic Coma
Due to: Vascular disease & Severe hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Stevens M.D.
Address 3400 Eastern Ave Date signed 6/30/48

VS 150

64616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117B

Registered No. 64616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1552 Pentwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Henry Ostendorf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife ? ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 14, 1880

8. AGE: Years	Months	Days	If less than one day
68	4	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Clement Ostendorf
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Helen Lazenhard
15 Birthplace

16 (a) Informant Raymond Ostendorf
(b) Address 1552 Pentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John C Mozan
(b) Address 3000 E Baltimore St

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1948, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1948, to 6-29 1948 and that I last saw him alive on 6-29 1948

Immediate cause of death Cardio-Resp failure — Duration

Due to Uremia, Chronic Pentonitis

Due to Perforated Duod. Ulcer

Other Conditions Paget's Disease, Ichthyosis, Generalized A. S.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph La Pira M. D.

Address Oneby Date signed 6-29-48

VS 150

G64617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Harlem ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5 1896

8. AGE: Years	Months	Days	If less than one day
51	8	22	hr. min.

9. Birthplace Burkesville Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Isaac Woods
13. Birthplace Burkesville, Va

MOTHER
14. Maiden Name Malissie Batts
15. Birthplace Burkesville Va.

16 (a) Informant Margaret Redmond
(b) Address 1608 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ave
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) 7-1-1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 10:25 P.M.

21. I certify that I took charge of the remains described above, held an Insp & Inq thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive, cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earle Royer M.D. Medical Examiner.
Date signed 6-28-48

G64618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G64618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 211 (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME James Franklin Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-85

8. AGE: Years 63 | Months | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Tennessee Knoxville (Town, county, and state)

10. Usual Occupation Marble Cutter

11. Industry or business Own Business

FATHER 12. Name James Hall

13. Birthplace Penn

MOTHER 14. Maiden Name Mary Barmon

15. Birthplace Tenn

16 (a) Informant Jennie Hall

(b) Address Elkridge Md Bx 211

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1948 (month) (day) (year)

(c) Cemetery or crematory Lincoln Memorial

Location Washington D.C.

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St.

19 (a) Date 1948 (by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29- 1948; at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 48, to 6-29- 1948, and that I last saw him alive on 6-29- 1948.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Renal Failure	
Due to Granular Kidneys	
Other Conditions Arteriosclerosis CVHD (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Smell Scanned today

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Kelly

Address 20 Joseph Hwy Date signed 6-29-48 M. D.

G64619 G64619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Lakeview Ave.
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Lakeview Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE PEYSER.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-4187

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophya A. Peyser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 4, 1884.

8. AGE: Years 64 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Credit Manager.

11. Industry or business

FATHER
12. Name Isaac Peyser,
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Stern,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Sophya A. Peyser,
(b) Address 2431 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 19 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Maria Sonnenberg
(b) Address 1902 Eutaw Place.

(Date rec'd by registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1948, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25- 1948 to 6-30- 1948. and that I last saw him alive on 6-29- 1948

	Duration
Immediate cause of death Acute Coronary Occlusion (Thrombosis)	6 days
Due to arterio Sclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. Nicholson M. D.
Address 2230 Eutaw Pl. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G64620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

G64620

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Nortonia Rd.
(c) Hospital or institution:
Mount Home
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Ma (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Dennison Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Mazoh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ SAM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Abraham Maggy
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam
15. Birthplace Russia

16 (a) Informant Hosp. record
(b) Address

17 (a) Burial (b) Date thereof 7-2-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Kesher Israel
Location PENBROOK PA.

18 (a) Funeral director Jack Levin Inc
(b) Address 2106 Gutaw Place

19 (a) JUL 1 1948 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 3 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure

Due to

Other Conditions Electric shock therapy
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 6-30-48 at 2:45 P M. 15/9
(b) Where did injury occur? 3706 Nortonia Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? Nursing Home While at work? no
(d) Means of injury Electric shock therapy

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7-1-48

VS 151

G64621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64621 Registered No. 1

Please write the causes of death clearly and forcibly. The spaces must be filled. Typewriter preferred.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Brookfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Roumania (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER 12. Name Moses

13. Birthplace Roumania

MOTHER 14. Maiden Name Ethel

15. Birthplace Roumania

16 (a) Informant Sarah Harris

(b) Address 2516 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eastern Ave

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to June 30 1948, and that I last saw him alive on June 30 1948

Immediate cause of death: Coronary Heart Disease — Duration: 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin

Address 4818 Reisterstown Rd Date signed June 30/48 M. D.

VS 150

Manuel Levin

664622

120075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

Registered No. 664622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 27 Days (1 Mo. 28 Days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 1448 Parrish Str. z17
(If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	W.

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March?, 1890

8. AGE: Years	Months	Days	If less than one day
58	3		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Harris (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Fuller
15. Birthplace Maryland

16 (a) Informant Records Balto. City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto Co.

18 (a) Funeral director Wm A Jackson
(b) Address 1916 Penna Ave

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1948 at 7:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30- 1948 to 6-26 1948, and that I last saw h alive on 19

Immediate cause of death	Duration
Pseudotubular Palsy	
Due to Repeated Cerebral Vascular Accidents —	
Due to thrombosis? - hemorrhage?	
Other Conditions Chronic Gastric Ulcer with Perforation	

(Include pregnancy within 3 months of death)

Date of operation 6-10-48
Major findings of operation: Perforated gastric ulcer, sealed
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy, M.D. M. D.
Address Baltimore City Hospitals Date signed 6-29-48

VS 150

If the age is especially important. Physicians: please write the causes of death clearly and legibly.

G64623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH VS 1B

Registered No. G64623

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 16-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David P Keys

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	11	21		

9. Birthplace Trenton Mo. (Town, county and state)

10. Usual Occupation Artist

11. Industry or business

FATHER
12. Name Frias Keys
13. Birthplace Mo

MOTHER
14. Maiden Name Mollie Faulkerson
15. Birthplace Edenburg Mo.

16 (a) Informant Pauline Keys
(b) Address 1837 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A. Co Md

18 (a) Funeral director Pettit & Williams
(b) Address 1515 McElderry St

19 (a) [illegible] (b) Huntington Williams (Signature of receiving registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1948, to June 28 1948, and that I last saw [illegible] alive on June 28 1948.

Immediate cause of death Carcinoma of Prostate. — Duration

Due to

Due to

Other Conditions Primary Malignancy

(Include pregnancy within 3 months of death)

Date of operation June 24, 1948

Major findings of operation: Ca of Prostate Bilateral orchidectomy done

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert L Campey M. D.

Address 722 N. Fulton Ave Date signed 6/25/48

VS 150

G64634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 ✓

Registered No. G64634

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 886 Tyson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 886 Tyson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emanuel King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-803

8. AGE: Years	Months	Days	If less than one day
45	3	24	hr. min.

9. Birthplace Wash. D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gilbert King
13. Birthplace N. C.

MOTHER
14. Maiden Name Martha King
15. Birthplace Va.

16 (a) Informant Anna Mosby
(b) Address 2523 7 St. Wash. DC.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (month) (day) (year)
(c) Cemetery or crematory Woodland
Location Wash., D.C.

18 (a) Funeral director Chas. R. Law
(b) Address 802 Madison Ave, Baltimore, Md.

19 JUL 1 - 1948 (Date rec'd by Registrar) (Transmitted for Mathematics, Md.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-1948 at 8:40 AM

21. I certify that I took charge of the remains described above, held an INSPECTION (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: ~~natural causes~~ ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gangrene, right foot

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 6/30/48

VS 15t

X

C64825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B ✓

Registered No. C64625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 22nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (30) (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 S. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Lee Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Winifred May Campbell
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1875

8. AGE: Years	Months	Days	If less than one day
73	5	28	hr. min.

9. Birthplace Pettis County, Missouri (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Wm H. Campbell
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie McKee
15. Birthplace Missouri

16 (a) Informant Sister - Clyde Campbell Hall Wife
(b) Address 1644 S. Hanover St.

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof July 3, 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1405 Charles St Balto 30, Md.

19 (a) JUL 1 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Wed. June 30 1948, at 4:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1948 to June 30 1948, and that I last saw him alive on June 30 1948.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to Gastric resection performed on 6-26-48	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6-26-48
Major findings of operation: Carcinoma of stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Allan Spier M.D.
Address Med. Sch. Hosp. Date signed June 30 1948

VS 153

A. Allan Spier X

G64626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 E.Lanvale Street
(c) Hospital or institution: 8-

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 E.Lanvale Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna G.Connolly

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/7/1876

8. AGE: Years 71 | Months 9 | Days 22 | If less than one day ########## hr. ########## min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Thomas Connolly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann McCrory
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret M.Wright
(b) Address 1506 E.Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue, Balto; Md.

18 (a) Funeral director George J.Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th., 1948, at 1 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1941 to June 29 1948
and that I last saw Mar alive on June 29 1948

	Duration
Immediate cause of death: Cerebral Thrombosis	3 mos.
Due to: Cerebral Arteriosclerosis	10 yrs
Due to:	
Other Conditions: Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	10 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Freeman M.D.
Address 1402 E. Lanvale Date signed 6-29-48

V S 150

83B

Please write the causes of death clearly and legibly. The ages are especially important. Physicians: please write

C64627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

Registered No. C64627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 3813 GARRISON AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MILDRED E CONSTANTINE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-16-5659

4. Sex: FEM.

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CHAS. A.

6 (c) If alive, give age: 1903 years

7. Birth date of deceased (mo., day, yr.): FEB-14 1903

8. AGE: Years 45 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD (Town, county, and state)

10. Usual Occupation: HOUSE WIFE.

11. Industry or business

FATHER
12. Name: WILLIAM F ~~(illegible)~~ ERNST
13. Birthplace: BALTIMORE MD

MOTHER
14. Maiden Name: EMMA L TRAUPE
15. Birthplace: BALTIMORE MD

16 (a) Informant: Chas A Constantine
(b) Address: 3813 W GARRISON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July. 3-48 (month) (day) (year)
(c) Cemetery or crematory: WOODLAWN
Location: WOODLAWN MD

18 (a) Funeral director: Mrs Chas A F Rohde
(b) Address: 2327 Edmondson ave

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/30 1948 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1948 to 6/30 1948 and that I last saw her alive on 6/30 1948

Immediate cause of death: Carcinomatosis

Due to: Carcinoma of the cervix

Due to:

Other Conditions: Cachexia

(Include pregnancy within 3 months of death)

Date of operation: 6/24/48

Major findings of operation: Carcinomatosis — Ileac pelvis

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harold Sussman

Address: Sinai Hospital Date signed: 6/30/48

X

G64628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64628 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: Mercy Hospital 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John William Donahoo

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	WIDOWED

6 (b) Name of husband or wife RUTH (NEE LANDERS)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1868

8. AGE: Years	Months	Days	If less than one day
80	4	6	hr. min.

9. Birthplace HARFORD Co. MD. (Town, county, and state)
10. Usual Occupation MOTORMAN (RETIRED)
11. Industry or business BALTO TRANSIT Co.

FATHER
12. Name JOHN C. DONAHOO
13. Birthplace HARFORD Co.

MOTHER
14. Maiden Name ANN L. JEWENS
15. Birthplace HARFORD Co. MD.

16 (a) Informant MRS. ROLF CEDERQUIST
(b) Address 602 N. MONROE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory ABINGDON CEM.
Location HARFORD Co. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUL 1 1948 (Filed by registrar) (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 11 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure

Due to Dilatation of heart

Other Conditions Tracheo-bronchitis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury 6-5-48 at ? Cuton Ln. M.
(b) Where did injury occur? Eastern Ave & Oakdale
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by auto

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 6-30-48

VS 151

G64629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64629

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Fayette
(c) Hospital or institution: Univ. Hosp. 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Middleton Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] CLIFTON K. WELLS SR.

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	D

6 (b) Name of husband or wife SALLIE E. CROMWELL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1874

8. AGE: Years	Months	Days	If less than one day
73	10	1	hr. min.

9. Birthplace Balto., MD. (Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business CROSSE & BLACKWELL

FATHER
12. Name EZEKIL D. WELLS
13. Birthplace MD.

MOTHER
14. Maiden Name SUSANNE LOWE
15 Birthplace MD.

16 (a) Informant MRS. SALLIE CROMWELL WELLS
(b) Address 6 MIDDLETON CT

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ LORRAINE
Location BALTO CO. MD.

18 (a) Funeral director WM J. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) JUL 1 - 1948 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1948 to 6/21 1948 and that I last saw h[illegible] alive on 6/21 1948

Immediate cause of death: Coronary failure — Duration

Due to: Coronary occlusion

Due to: fatty degeneration myocardium

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

28. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Hall
Address Univ. Hosp. Date signed 6/30/48

VS 150

064630 — ORAM — ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

J1 - 120585

Registered No. 064630

Please write plainly with pen or pencil. Make the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roland Oram

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1896

8. AGE: Years 52 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Albert Oram
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Smith
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. Halstead

18 (a) Funeral director
(b) Address 918 Fluid Bldg.

19 (a) JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1948, to June 29 1948, and that I last saw h. in alive on June 29 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Syphilitic heart Disease	
Due to	
Other Conditions Chronic osteomyelitis right femur (Include pregnancy within 3 months of death)	2 yrs.

Date of operation

Major findings of operation:

of autopsy: Heart dil., hepatic cirrhosis, Epilepsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Branford M. D.
Address Balt. City Hosp. Date signed 6-30-48

X

C64631 BC-48-12570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. C64631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Nancy Lee Sherry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-14-48

8. AGE: Years | Months | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Paul Sherry
13. Birthplace Altoona, Pennsylvanie

MOTHER
14. Maiden Name Ann Mae Eckenrode
15. Birthplace Lorretta, Pennsylvanie

16 (a) Informant Hosp Records
(b) Address 1400 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director A. E. Kirk
(b) Address 5305 Harford Rd

19 JUL 1 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1948, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14- 1948 to 6-25- 1948, and that I last saw her alive on 6-25- 1948

Immediate cause of death	Duration
Atelectasis	12 hr.
Due to Prematurity	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irene S. Shuttle M. D.
Address St. Josephs Date signed 6/26/48

VS 150

G64632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G64632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp. 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 N. Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wesley Smith

3 (b) If veteran, name war: U.S. Army
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1925

8. AGE: Years 19 | Months 8 9 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Molder Helper
11. Industry or business

FATHER
12. Name John
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Harford County Maryland

16 (a) Informant Mrs Mary Curtis
(b) Address 232 N Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (month) (day) (year)
(c) Cemetery or crematory Western Star Cemetery
Location Baltimore City Maryland

18 (a) Funeral director Joseph A Sterling
(b) Address 66 West Base Street

19 (a) [redacted] (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1948, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Drowning
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-27-48 at 2:00 P.M.
(b) Where did injury occur? Arundel Cove - Patapsco Maxwell R.R. Co. Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Drowning Accidental Public

23. Signature [signature] M.D.
Medical Examiner
Date signed 6-28-48

VS 151

X

664633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111c

Registered No. 664633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 W 41st St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John L Koutch

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-1219

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Koutch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-1891

8. AGE: Years 56 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (City, county, and state)

10. Usual Occupation Acetylene Burner

11. Industry or business Bethlehem-Sparrows Pt. Shipyard

FATHER
12. Name John L. Koutch
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Voltz
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Koutch
(b) Address 1317 W. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1948 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

JUL 1 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 335 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William L Pfefferle M.D. Medical Examiner.
Date signed 6/30/48

VS 131

G64634

465-960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 24a

G64634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 12-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - Hampden. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Union Ave. 11 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. Downs

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-6236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bessie M. Downs
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 12-9-83

8. AGE: Years	Months	Days	If less than one day
64	6	19	hr. min.

9. Birthplace Md. Harford Co. (Town, county, and state)
10. Usual Occupation (a) Railroad
11. Industry or business Electrician

FATHER
12. Name James Downs
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Channell
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Bessie M. Downs
(b) Address 1018 Union Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address JOHNS HOPKINS HOSPITAL 3631 Falls Road

19 (a) [illegible] 1-1948 (Date received by registrar) (b) Huntington-Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 - 1948 at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27-1948 to 6-28-1948, and that I last saw him alive on 6-28-1948.

Immediate cause of death	Duration
Cellulitis and ? Septicemia	4 days
Due to: cause undetermined	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 29 June 48

VS 150

Write the causes of death clearly and legibly.

G64635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64635

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frank Zittel

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Helen L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1862

8. AGE: Years 86 | Months | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Jacob Zittel
13. Birthplace Germany ?

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Veronica Dewald
(b) Address 34 N. Patterson Park Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1 1948 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4400 BELAIR RD

18 (a) Funeral director THE DIPPEL BROS
(b). Address 1800 E LOMBARD ST.

19 (a) JUL 1 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26th 1948 to 6/29th 1948 and that I last saw h— alive on June 29 1948.

	Duration
Immediate cause of death Cardiac Failure	3 days
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Faulkner M. D.
Address 100 N. Bradford Date signed 7/1/48

VS 150

664636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 664636

Use typewriter or write plainly with ink or indelible pencil. Do not fold. Do not write in shaded areas. Make no erasures.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 W SARATOGA ST
(c) Hospital or institution: 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 W SARATOGA ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Enoch W. Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of ~~husband or~~ wife FLORENCE (CLARK)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 26, 1868

8. AGE: Years	Months	Days	If less than one day
80	3	4	hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation RETIRED COMMISSION MERCHANT

11. Industry or business

FATHER
12. Name WILLIAM DOWNS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELIZABETH
15. Birthplace MARYLAND

16 (a) Informant MRS ENOCH W DOWNS
(b) Address 1908 W. SARATOGA ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3 1948 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE

18 (a) Funeral director Harry A Witzke
(b) Address 4101 Edmondson Ave

19 (a) JUL 1 1948 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 June 1948, at 4 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D. Medical Examiner.
Date signed 30 June 48

664637

464877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 664637

Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Stewartstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Irvin Smith

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr) Aug 20 1905

8. AGE: Years 42 | Months 10 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Housekeeping

FATHER
12. Name Emmett Persy
13. Birthplace Va

MOTHER
14. Maiden Name Ary Hybble
15. Birthplace Va

16 (a) Informant Irvin Smith
(b) Address Stewartstown Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1948 (month) (day) (year)
(c) Cemetery or crematory Stewartstown
Location Stewartstown Pa

18 (a) Funeral director W. Howard Stubb
(b) Address JOHNS HOPKINS HOSPITAL Baltimore Pa

19 July 1 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 1 - 1948 at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16- 1948 to 7-1- 1948 and that I last saw her alive on 7-1- 1948.

Immediate cause of death	Duration
? Cerebral embolus ? Myocardial Infarct ? Pulmonary embolus	
Due to Diabetes, Nephritis and hypertension	
Due to	
Other Conditions Gangrenous infection of the face (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William W. Whitehead M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

G64638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ G64638
83a
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mowday Sanitarium
(b) Street address Frederick Rd 1000 Block
(c) Hospital or institution: Mowday Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) " "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Hoyle
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs L. Belle Woolford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-3-1864

8. AGE: Years	Months	Days	If less than one day
84	3	27 29	hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation Lady

11. Industry or business

FATHER
12. Name Jno F. B. Woodford
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ellen Rees
15. Birthplace

16 (a) Informant Miss Webb
(b) Address Cambridge Md

17 (a) Burial (b) Date thereof July 3 '48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Christ Church Cem
Location Cambridge Md

18 (a) Funeral director John O. Eastaugh Sons
(b) Address 2 & 4 Eastaw Place

19 (a) [illegible] (b) Huntington Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1948 to July 1 1948, and that I last saw h-e alive on July 1 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteria Sclerosis	
Due to	
Other Conditions Age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred T. Conaday M. D.
Address 702 Frederick Rd. Date signed 7-1-48

VS 3

G64639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G64639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Apts.
(c) Hospital or institution: none

13-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca C. Winter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Ivah L. Winters
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) December 10, 1864

8. AGE: Years: 83 | Months: 6 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: James R. Clark
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Martha E. Logue
15. Birthplace: Baltimore

16 (a) Informant: Miss Laura Clark
(b) Address: Wyman Park Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery ~~crematory~~: Greenmount
Location: North & Greenmount Aves.

18 (a) Funeral director: John O. Mitchell & Sons Inc.
(b) Address: 1900 Eutaw Place

19 (a) 7-1-48 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to June 30 1948, and that I last saw her alive on June 30 1948

Immediate cause of death: Arterio-Sclerosis Myocarditis
Due to: Hypertension

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Gradual

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W H Woody
Address: 1405 Park Ave. Date signed 7/1/48 M.D.

VS 153

Please write the causes of death clearly and legibly. Physician: please write in ink. Typewriter supplies. This

G64640

BC-2 48-0199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G64640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 20-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Allendale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Dashiells

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1948

8. AGE: Years 0 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Irvin N. Dashiells
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Francis
15. Birthplace Buffalo N.Y.

16 (a) Informant Mr. Irvin N. Dashiells
(b) Address 130 Allendale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Fredrick A. Ulle
(b) Address 1708 W. Lombard St

19 (a) JUL 1 1948 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-1948, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30-48 19 , to 6-30-48 19 , and that I last saw h[illegible] alive on 6-30-48.

Immediate cause of death: cardiac failure — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Whyte M. D.

Address Univ. Hosp. Date signed 6-30-48

X

G64641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

G64641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Canal Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Paul Mitchell
13. Birthplace N C

MOTHER
14. Maiden Name Kizzie Biggs
15. Birthplace N C

16 (a) Informant Willie Mitchell
(b) Address 1206 Canal st

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 7-1-48 (month) (day) (year)
(c) Cemetery or crematory Aksabel
Location N

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

7-1-1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 June 1948, at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gunshot Wound

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 27 June 1948 5:10 A.M.
(b) Where did injury occur? Dukeman Alley
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Gunshot by Pistol

23. Signature Edward J. Ryder M.D. Medical Examiner.
Date signed 27 June 1948

VS 151

No. 664642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 664642 122B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Helicopter Drive (If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Richard Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1947

8. AGE: Years	Months	Days	If less than one day
	11	26	..... hr. ..... min.

9. Birthplace Columbia S. C. (Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Andrew Harvey
13. Birthplace N. Y.

MOTHER
14. Maiden Name Madelin Baumgartner
15. Birthplace Balto. Co.

16 (a) Informant: Mrs. Madelin Harvey
(b) Address Middletown Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1-48 (month) (day) (year)
(c) Cemetery or crematory.....
Location Columbia, South Carolina

18 (a) Funeral director John S. Connelly
(b) Address 418 Eastern Ave. Balto

19 (a) ..... (Date rec'd by registrar) 1948 (b) Huntington Williams, M.D.

VS 1ST

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 2.54 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intestinal obstruction

Due to Fecal impaction

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature [signature] M.D.
Medical Examiner
Date signed 7-1-48

X

64643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

Registered No. G64643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey St.
(c) Hospital or institution: Good Samarita Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Bertha F. Douch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) about 1869
8. AGE: Years: about 74 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown Douch
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Marie A. Carlton
(b) Address 27 N. Carey St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Marys
Location Hampden - Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUL 2 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 5:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1948, to June 30 1948, and that I last saw h[illegible] alive on June 29 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Rt Hemiplegia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stella Impresa M.D.
Address 27 N. Carey Date signed 6/30/48

Stella Impresa 97

64644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 64644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Dressel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 1-26-81

8. AGE: Years 67 | Months 5 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name George Dressel
13. Birthplace Md

MOTHER
14. Maiden Name Fredricka Pronsta
15. Birthplace Md

16 (a) Informant Howard Dressel
(b) Address 614 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address [illegible]

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 8 13 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 30 June 1948 to 1 July 1948, and that I last saw her alive on 1 July 1948

Immediate cause of death	Duration
Cardiac failure	
Due to arteriosclerotic and hypertensive heart [illegible]	
Due to disease	
Other Conditions ? broncho pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Johns Hopkins Hospital Date signed 1 July 48

X

BC-678214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106a

664645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Thames St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Karl Edward BOWLING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11th 1947

8. AGE: Years: 1yr | Months: 1mo. | Days: 20 Days | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Daniel L. Bowling
13. Birthplace: Ky.

MOTHER
14. Maiden Name: Opal Blevins
15. Birthplace: Ky

16 (a) Informant: Daniel L. Bowling
(b) Address: 1630 Thames St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Prospect Hill
Location: Towson Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 9.50 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Acute tracheobronchitis.
Status thymico lymphaticus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 7/1/48

VS 151

664646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 664646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) ~~Hospital or~~ institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Finlay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Philip Finlay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14th 1868

8. AGE: Years	Months	Days	If less than one day
80	5	16	hr. min.

9. Birthplace N. Y. City (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name (Unknown) Kenny
13. Birthplace Ireland

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Cecilia Roach
(b) Address 505 Allendale St.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 7/2/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) [illegible] Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1947, to Jun 29 1948, and that I last saw h[illegible] alive on Jun 29 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Adv. arteriosclerosis	
Due to	
Other Conditions Chr. nephritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Jacobs, M.D.
M. D.
Address 1700 Eutaw Pl. Date signed 7-1-48

Louis L. Jacobs 83a

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G61647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2740 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2740 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Schrade
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George Schrade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1869

8. AGE: Years 78 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Sykesville Carroll Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Berry
13. Birthplace Unk.

MOTHER
14. Maiden Name Charlotte Ludlow
15. Birthplace Unk.

16 (a) Informant Earle Chaney
(b) Address 2740 Winchester St.

17 (a) Burial (b) Date thereof July 2 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Springfield Cemetery
Location Sykesville, Md

18 (a) Funeral director C. H. Burr
(b) Address Sykesville

19 (a) JUL 2 1948 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1936, to June 30 1948, and that I last saw h[illegible] alive on June 29 1948.

Immediate cause of death
Arteriosclerotic Heart Disease — Duration 2 Years.
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation Not Done
Major findings of operation
of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jos. Coleman M. D.
M. D.
Address 120 Pyles Lane Date signed 6-30-48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G64648 SC-C 8086 G64648

BALTIMORE CITY HEALTH DEPARTMENT

E.J.A. 119703 CERTIFICATE OF DEATH 567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Pearl Str. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Van Evans or Von Evans or Van Oliver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 9, 1947

8. AGE: Years	Months	Days	If less than one day
1		21	hr. min.

9. Birthplace Maryland (Balto.) (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Winter
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Evans
15. Birthplace Md.

16 (a) Informant Records Balto. City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. Halstead
18 (a) Funeral director
(b) Address 2048 Druid Hill
19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1948, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13- 1948 to 6-30 1948, and that I last saw h. 1m alive on 6-30 1948.

Immediate cause of death	Duration
Post-operative cerebral depression following	4 hr.
Due to Craniotomy	
Due to	

Other Conditions Subdural hematoma. 6 wks.
suspected
(Include pregnancy within 3 months of death)
Date of operation 6-30-48
Major findings of operation: depressed subdural hematoma
of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Keen M. D.
Address Balto City Hosp. Date signed 7-1-48

VS 150

X

664642

BC-48-0784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1119a

Registered No. 664642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Crt. Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Sigmund Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1948

8. AGE: Years	Months	Days	If less than one day
	2	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Sanford Harris
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Doris S. Lagner
15. Birthplace Baltimore, Md.

16 (a) Informant Louis J Lagner
(b) Address 2606 Queen Anne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) [illegible] 1948 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 1 1948, and that I last saw him alive on July 1 1948.

Immediate cause of death	Duration
Pulmonary edema ?	
Possible broncho-pneumonia	
Due to Cerebral accident and acidosis	
Due to Prolonged intractable diarrhea	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin K. Silverman M. D.
Address Sinai Hospital Date signed July 1, 1948

066650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 066650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County.....
(c) City or town Watertown
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Joe Mac Donald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
66			..... hr. ..... min.

9. Birthplace.....
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location University Medical School JUL - 1 1948

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 (a) JUL 2 - 1948 Huntington Williams, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1948, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Thrombosis

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Earl L. Rogers M.D.
Medical Examiner
Date signed June 23, 1948

VS 151

G64651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46F

Registered No. G64651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bird River Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birkhan, Otto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Farm hand
11. Industry or business Rohe's Farm

FATHER
12. Name Birkhan
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] JUL - 1 1948
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 2 - 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH June 17, 1948, at 11:25M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8, 1948, to June 17, 1948, and that I last saw him alive on June 17, 1948.

Immediate cause of death CARDIO RESPIRATORY FAILURE — Duration
Due to CACHEXIA
Due to CARCINOMA LIVER
Other Conditions ANASARCA
(Include pregnancy within 3 months of death)
Date of operation 6-3-48
Major findings of operation: CARCINOMA LIVER. HYDROPS G.B
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B Wells M.D.
Address 1 E Joo Hopp Date signed 4/17/48

VS 150

64642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. 062652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Richmond
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Grimes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL - 1 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1948 at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractured skull

Intracranial hemorrhage

Due to Contusion of brain

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-22-48 at 11:35 P.M. Found 12/5

(b) Where did injury occur? Found: Charles St., about 30' South of Lanvale St.

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Fell to ground while in a drunken condition

23. Signature George L. Merrill M.D.
Medical Examiner.

Date signed 6/24/48

VS 191

64653

BALTIMORE CITY HEALTH DEPARTMENT

3 Cx 48-1615F CERTIFICATE OF DEATH 159

Registered No. 66163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave & Dukeland St.
(c) Hospital or institution:
West Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Clearview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Walther

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-48

8. AGE: Years | Months | Days | If less than one day: 6 hr. 37 min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward John Walther
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Matilda Esser
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] JUL - 1 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) [redacted] 2 1948 Huntington Williams M.D.
(Delivered by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1948 at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5 A.M. 6/26 1948 to 12 A.M. 6/26, and that I last saw him alive on 6/26 1948.

Immediate cause of death: Atelectasis, bilateral — Duration

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Atelectasis bilateral

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Grumbine M. D.

Address 6/26/48 Date signed

W. Baltimore Gen. Hosp. X

664654

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-13179 / 161a

CERTIFICATE OF DEATH

Registered No. 664654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 N. Fulton St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N. Fulton
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME MARGARET ELLEN BANKS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	C.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 29, 1948

8. AGE: Years	Months	Days	If less than one day
—	—	1	....hr. ....min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clarence Banks
13. Birthplace Aberdeen, Md.

MOTHER
14. Maiden Name Lucille Brawner
15 Birthplace Baltimore, Md

16 (a) Informant Lucille Banks
(b) Address 307 N. Fulton

17 (a) ....(Burial, cremation, or removal) (b) Date thereof ....(month) (day) (year)
(c) Cemetery or crematory University Medical School
Location JUL - 1 1948
18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1948 to June 30 1948, and that I last saw her alive on June 29 1948.

Immediate cause of death	Duration
Suffocation	
Due to aspiration of mucus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ....M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Robert E. Lark M.D.
M. D.
Address Univ. Hosp. Date signed 6-30-48

VS 150

X

BC - 48-1216 / 157a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. GG1655

Write the causes of death clearly and legibly. Office space is specially important. Physicians: please write this

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John St.
(c) Hospital or institution:
Hospital for the Women of Md. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Griffis ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ruppert

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1948

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Frank Wilhelm Ruppert, Jr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Janet Julia Vanscoy
15. Birthplace Shinnston, W. Va.

16 (a) Informant Janet Julia Ruppert
(b) Address 2026 Griffis Ave, Balto, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Loc[illegible] JUL - 1 1948
18 (a) Funeral director Commissioner of Health
(b) Address [illegible]
19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1948, at 8 47 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12, 1948 to June 30, 1948, and that I last saw him alive on June 30, 1948.

Immediate cause of death	Duration
Spina Bifida and Hydrocephalus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. G. Spencer Jr. M. D.
Address Hospital for Women of Md Date signed 7-1-48

VS 150

64656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BALTIMORE
(c) Hospital or institution: 3101 CHESTERFIELD AVE
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 CHESTERFIELD AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM P. STURM SR.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife KATE STURM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 19, 1867

8. AGE: Years 80 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation MACHINIST

11. Industry or business —

FATHER 12. Name ALBERT STRUM

13. Birthplace GERMANY

MOTHER 14. Maiden Name ELIZABETH LINKER

15. Birthplace GERMANY

16 (a) Informant MRS. GRACE M. DEACON

(b) Address 3101 CHESTERFIELD AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/3/45 (month) (day) (year)

(c) Cemetery or LOUDON PK.

Location BALTO. MD.

18 (a) Funeral director WM. T. TICHNER & SONS

(b) Address BALTO. MD.

19 (a) 7-2-1945 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1945, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1945 to June 30 1945 and that I last saw him alive on June 29 1945.

Immediate cause of death (c) Myocardial Insufficiency — Pulmonary Edema — Duration 5 hrs.

Due to Cerebral Hemorrhage Right Hemiplegia — 3 mos.

Due to Chr Arteriosclerosis

Other Conditions Acute Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence, at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Geyer M.D.

Address 15 E. N. Milton Ave. Date signed 7/1/45

G64657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 THOMAS AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 THOMAS AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** WILLIAM H. WILKIE

3 (b) If veteran, name war NONE
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife ALICE F. WILKIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) AUG 8, 1859

8. AGE: Years 88 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace PA.
(Town, county, and state)

10. Usual Occupation RETIRED
11. Industry or business GAS + ELECTRIC CO

FATHER
12. Name (UNKNOWN) WILKIE
13. Birthplace PA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MRS. FLORA BUCHBAUM
(b) Address 1623 THOMAS AVE

17 (a) BURIAL (b) Date thereof 7/2/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory BETHLEHEM
Location YORK CO. PA.

18 (a) Funeral director WM. J. TICHNER & SONS
(b) Address BALTO. MD.

19 (a) JUL 2 1948 (Huntington Williams Md)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/1948, at 9.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25/48 to 6/29/48
and that I last saw him alive on 6/29/48

Immediate cause of death: Coronary thrombosis
Contributory

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration: yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry C Houck M.D.
Address 1623 Thomas Ave Date signed 7-2-48

VS 150

G64658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. G64658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Homestead St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Claude E. Arnold

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ella M. Arnold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/19/1881

8. AGE: Years 67 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Farmer

FATHER
12. Name Hamilton Arnold
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma J. Stallings
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant: Mr. Dallas Arnold (Brother)
(b) Address 701 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (month) (day) (year)

(c) Cemetery or crematory
Location Manassas, Va.

18 (a) Funeral director: William J. Tucker & Son
(b) Address: Baltimore, Md.

19 (a) 7-2-1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 48 at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull & intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-30-48 at 11:15 A.M. (P.M.) Balto. Co.
(b) Where did injury occur? Philadelphia Manor Home
(c) Did injury occur at home, on farm, industrial place, in public place? Estate While at work? yes
(d) Means of injury: Fall

23. Signature [signature] M.D. Medical Examiner.
Date signed 7-1-48

VS 151

664659

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1313

Registered No. 664659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 44 days
(e) Length of stay in Baltimore (yrs., mos., or days): 44 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Dorchester
(c) City or town: Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No.: 80 Washington St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: JOHN WILFORD DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col.	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 15, 1914

8. AGE: Years	Months	Days	If less than 1 day
34	1	16	hr. min.

9. Birthplace: ? NC (Town, county, and state)
10. Usual Occupation: Deckhand
11. Industry or business: Seafarer

FATHER
12. Name: John Davis
13. Birthplace: NC

MOTHER
14. Maiden Name: Ada ?
15. Birthplace: NC

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory: Beech Ground Cem
Location: CRAPO - Md

18 (a) Funeral director: Louis H. Bayneum
(b) Address: Cambridge Md.

19 (a) JUL 2 - 1948 (Accepted by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1948, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948 to July 1 1948 and that I last saw h. im alive on July 1 1948

Immediate cause of death: Chronic glomerulonephritis — Duration: Unknown
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: John L. Wilson
Address: John L. Wilson, Sr. Surgeon, Clinical Director, M.D. Date signed 7/2/48

VS 150

X

064660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 064660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 N. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 119 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Geo. A. Popp Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Elizabeth K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1859

8. AGE: Years 88 | Months 9 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Popp.
13. Birthplace Ger

MOTHER
14. Maiden Name Unknown
15. Birthplace Ger.

16 (a) Informant Mrs. Pauline Martin
(b) Address 119 N. Ellwood Ave

17 (a) Burial (b) Date thereof 1 3 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2002 Orleans st

19 (a) JUL 2 - 1948 (b) Huntington Woods, Michigan
(Date rec'd by registrar) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1947 to June 30 1948, and that I last saw deceased alive on June 30 1948.

Immediate cause of death	Duration
arteriosclerotic cardio-vascular disease	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 147 N Eastern Date signed 7-2-48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 66161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David W. Peace

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUL - 2 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 / 1948, at 2 P. M

21. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cirrhosis, Hepatitis & Jaundice

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D.
Medical Examiner
Date signed 24 June 48

G64662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G64662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3165 Gilmore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3165 Gilmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie J Richardson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Irvin Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30-1882

8. AGE: Years	Months	Days	If less than one day
66	8	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business Keeping House

FATHER
12. Name Harry Kerchner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Bixler
15. Birthplace York Penn

16 (a) Informant Mrs. Richardson
(b) Address 316 S Gilmore

17 (a) Burial (b) Date thereof July 3-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas P Powell
(b) Address 2427 Edmondson Ave

19 (a) July 2 1948 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 48, at 2.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1948, to 30 June 1948, and that I last saw her alive on 30 June 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	30 minutes
Due to Hypertension	10 yrs.
Due to	
Other Conditions Coronary Artery Disease, Adenoma Thyroid	3 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Baylus M.D.
Address 1600 Wilkens Ave Date signed July 4 48

VS 3

83a

~~661663~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

Registered No. ~~661663~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Scott St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME August Hoppe

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-1601

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia Hoppe

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Mar. 7. 1883

8. AGE: Years 65 | Months 3 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Car Repairman

11. Industry or business B & O. R. R

FATHER
12. Name Charles Hoppe
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Windus
15. Birthplace Md.

16 (a) Informant: Sophia Hoppe
(b) Address 1103 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-1948 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director Jno. W. Tenfelder Son
(b) Address 5311 Edmondson Ave

19 (a) JUL 2 - 1948 (Received by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 9 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractured skull & intracranial hemorrhage

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-30-48 at 2:30 P.M. 11-4
(b) Where did injury occur? Maryland Ave. cor. Lanvale St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public (While at work?) no
(d) Means of injury Struck by automobile

23. Signature ..... M.D.
Medical Examiner.

Date signed 7-1-48

VS 151

Blume
1206 Preston St.
1116 N Calvert St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. 66166[illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 E. Preston Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 E. Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis J. Milske

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1868

8. AGE: Years	Months	Days	If less than one day
79	11	23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles Milske
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Josephine Klingerberg
(b) Address 1011 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- -48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) Date rec'd by registrar [illegible] (b) [illegible]

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1948, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1948 to June 30 1948, and that I last saw h[illegible] alive on June 30 1948.

Immediate cause of death	Duration
Arteriosclerotic Cardiac - Vascular disease	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Blume M. D.
Address 1115 N. Calvert St Date signed 7/1/48

64665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 64665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Shadyside Rd. # 18
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Martha Gunther

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife William F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1902

8. AGE: Years	Months	Days	If less than one day
45	9	8	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name.....
13. Birthplace.....

MOTHER
14. Maiden Name Hermina Letzold
15. Birthplace Germany

16 (a) Informant Mrs Wm. F. Gunther
(b) Address 1524 Shadyside

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd

19 (a) JUL 2 - 1948 (Date rec'd by registrar) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1948, at 5.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/2 1948, and that I last saw her alive on 7/2 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 hours
Due to Hypertensive C-V Disease	15 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature A. H. Dann M. D.
Address Maryland General Hosp. Date signed 7/2/48

VS 150

X

G64666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 903

Registered No. G64666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 n. Asquith.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Asquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Dunston.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife James Dunston.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1864

8. AGE: Years	Months	Days	If less than one day
84	1	28	hr. min.

9. Birthplace Queen Annie Co. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Orisby Henson.
13. Birthplace Md.

MOTHER
14. Maiden Name Maltilda
15. Birthplace Md.

16 (a) Informant Sara Martin
(b) Address 112 N. Asquith St.

17 (a) Burial (b) Date thereof July 2 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 JUL 2 - 1948 (b) Huntington Williams M.D.
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to June 28 1948, and that I last saw h[illegible] alive on June 27 1948.

Immediate cause of death Pericarditis — Duration 2 Mo's

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Stewart M. D.
Address 673 Hawkins St. Date signed July 2 1948

X

BC-670077

664667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 664667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore-26
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Locust ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathaniel HARRISON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1947

8. AGE: Years	Months	Days	If less than one day
1	4	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Harrison.
13. Birthplace Mobile Ala.

MOTHER
14. Maiden Name Mabel Hawkins
15. Birthplace Virginia

16 (a) Informant John Harrison.
(b) Address 1720 Locust Ave.

17 (a) Burial (b) Date thereof July 2, 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) July 2 1948 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1948, to 7-1 1948, and that I last saw him alive on 7-1 1948

Immediate cause of death	Duration
Respiratory failure	
Due to Meningitis	
Due to	
Other Conditions Dehydration	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Tuberculosis, Meninges & lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James W. Bisaman
Address Univ. Hosp. Date signed 7/1/48 M D

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64668 / 46a — Registered No. G64668

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Type or print plainly in permanent black ink. Do not use pencil. Do not write in shaded areas. Do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 601 Evesham Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 - 8
(e) Length of stay in Baltimore (yrs., mos., or days): 65

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 601 Evesham Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: JOHN HENRY BRANDT

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife: Sophia M. Brandt
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 6, 1865

8. AGE: Years	Months	Days	If less than one day
83	4 5	24	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business:

FATHER
12. Name: ? Brandt
13. Birthplace: Germany

MOTHER
14. Maiden Name: ?
15. Birthplace: Germany

16 (a) Informant: Mrs. R. Walter Dietrich
(b) Address: 317 E. Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE & BROADWAY

JUL (a) 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH: June 30 1948 at 6.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to June 30 1948 and that I last saw h. alive on June 29 1948

Immediate cause of death	Duration
Carcinoma of esophagus	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence: at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury: —

23. Signature: Francis W. Gluck M.D.
Address: 3486 St Paul St Date signed: 7/4/48

VS 150

G64669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

G64669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Mabel Beard) Madeline Dean Madeline Dean

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Millard Dean

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 7, 1901

8. AGE: Years 47 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Cutler
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Teressa Boedecker
15. Birthplace: Germany

16 (a) Informant: Mr. Millard Dean
(b) Address: 2013 E. Lanvale Street

17 (a) Burail (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) [illegible] 1948 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1948, at 11 40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Puncture wound of left chest and left lung.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-30-48 at 11:20 P.M.
(b) Where did injury occur? Chesaco Ave & Pulaski Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury: Auto & Auto Collision

23. Signature: George A. Merrill M.D. Medical Examiner.
Date signed 7-1-48

VS 151

664670 664670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Josephs Hosp.
(b) Street address 1400 Caroline St
(c) Hospital or institution: Baltimore, 13, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore 12, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Holbrook St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Joseph Schruefer. (JOSEPH JOHN SCHRUEFER)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-14-6820-A

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife: Catherine V. (Kirchner)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1868

8. AGE: Years 79 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Retired 6 wks.

FATHER
12. Name John Schruefer
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes ?
15 Birthplace

16 (a) Informant Miss Agnes Schruefer
(b) Address 1401 Holbrook Street -2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1948, at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1948 to July 1 1948, and that I last saw him alive on July 1 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to cardiac decomp.	
Due to Coronary artrio-sclerotic heart disease	
Other Conditions Pagets disease.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Roop, Jr.
Address St Josephs Hosp. Date signed 7/1/48 M.D.

VS 150

G64671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64671 Registered No.

Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 W 24th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W 24th St
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** Minnie Howard Burroughs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Hazelwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1893

8. AGE: Years 35 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Cleveland Carter
13. Birthplace Va

MOTHER
14. Maiden Name Angeline Harris
15. Birthplace Va.

16 (a) Informant Arenzo Howard
(b) Address 201 W 24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Mrs. Robt. A. Elliott & Daughter
(b) Address 1129 N. Carrollton St.

19 (a) Funeral Home, Inc. (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1948 to June 28 1948 and that I last saw h alive on June 28 1948

Immediate cause of death Hemiplegia — Duration 3 days

Due to Cerebral Vessel disease — 6 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Watts M. D.

Address 15 E Lexington Date signed 7/1/48

X

664672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 836

664672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave
(c) Hospital or institution: Levindale 3rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E. Balt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM MILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. C

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-78

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Israel

13. Birthplace Russia

MOTHER 14. Maiden Name Gitta

15. Birthplace Russia

16 (a) Informant Tobias Miller

(b) Address 4106 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Pikesville

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Pl.

JUL 2 1948 (Date rec'd by registrar) (b) Livingston Williams, M Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1948 at 3p M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1948 to 7-2 1948 and that I last saw him alive on 7-2 1948

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nagel M. D.

Address Levindale Home Date signed 7-2-48

G64673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G64673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Sinai Hospital 15W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 Kent Rd
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Mrs. Dora Wile

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Benjamin
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years 71 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Home Work
11. Industry or business

FATHER
12. Name: Alex Greenspun
13. Birthplace: Russia

MOTHER
14. Maiden Name: Mollie
15. Birthplace: Russia

16 (a) Informant: Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Balt Co Md

18 (a) Funeral director: Jack Lewis Inc
(b) Address: 2100 Eastern Ave

19 (a) 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at 4.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948, to July 2 1948, and that I last saw her alive on July 1 1948.

Immediate cause of death	Duration
Lymphosarcomatosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature: Jerome Gaber M. D.
Address: Sinai Hospital Date signed 7-2-48

G64674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

G64674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2340 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Bettie Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1890

8. AGE: Years 58 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace: Northumberland Co. Va. (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business:

FATHER
12. Name: Louis Taylor
13. Birthplace: Northumberland Co.

MOTHER
14. Maiden Name: Hannah Beane
15. Birthplace: Northumberland Co.

16 (a) Informant: Vivian Palmer
(b) Address 2340 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (month) (day) (year)
(c) Cemetery or crematory: Family Lot
Location: Northumberland Co. Va.

18 (a) Funeral director: Rev. Leo H. Hubbard
(b) Address 1651 Druid Hill Ave.

19 (a) 1948 (To be filled in by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30, 1948, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25, 1948, to 6/30, 1948, and that I last saw her alive on 6/30, 1948.

	Duration
Immediate cause of death: (a) Myocarditis	10 days
Due to: (b) Hemiplegia	10 days
Due to: (c) Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
Was there an autopsy? None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. T. Gunn M.D.
Address 502 Harrington Ave. 7/5/48

X

G646 Vol 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

G64675

Registered No. 114108

Please answer questions in ink. Information should be carefully supplied. The accuracy of information is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Dickson (Thomas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-98

8. AGE: Years 50 | Months 3 | Days - | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER — 12. Name John A. Thomas
13. Birthplace Md

MOTHER — 14. Maiden Name Martha Jones
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md

18 (a) Funeral director Chas S Wilson
(b) Address 1111 Bruntsfield Pl Huntington Williams, Md

19 (a) Date filed by Registrar JUL 2 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1948, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21-1948 to 6-28-1948 and that I last saw her alive on 6-28-1948.

Immediate cause of death: Hepatic Insufficiency — Duration
Due to: Cirrhosis of Liver
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: abM

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Stephens
Address JOHNS HOPKINS HOSPITAL Date signed 6/29/48

VS 150

G64676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64676

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Pierce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Luber Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Wardtown, Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George Taylor
13. Birthplace Wardtown, Va

MOTHER
14. Maiden Name Betsy Dunston
15. Birthplace Virginia

16 (a) Informant Willie Davis
(b) Address Davis' Wharf, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 (month) (day) 1948 (year)
(c) Cemetery or crematory Ebernezer, Va
Location Wardtown, Va

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Va

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl A. Royster M.D.
Medical Examiner.

Date signed 7-1-48

VS 151

664677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. 664677

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Hosp. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore city
(If outside city or town limits write RURAL and give town)
(d) Street No. 1506 Latrobe Park Towers Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: D

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 25 1911

8. AGE: Years 37 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business Mt Pleasant

FATHER 12. Name Julius J. Green

13. Birthplace Russia

MOTHER 14. Maiden Name Mary Bialak

15. Birthplace Russia

16 (a) Informant Julius J. Green

(b) Address 1506 Latrobe Pk. Towers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-4 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Stony Run Md

18 (a) Funeral director Jos. A. Greenwald Jr.

(b) Address 423 S. Paca St

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 26 June 1948, to 30 June 1948, and that I last saw h CT alive on 30 June 1948.

Immediate cause of death Generalized Peritonitis & Pelvic Carcinomatosis — Duration

Due to Carcinoma of Ovaries

Due to

Other Conditions Hysterectomy & Bilateral Oophorectomy
(Include pregnancy within 3 months of death)

Date of operation about 6 months ago

Major findings of operation: Carcinoma of Ovaries

of autopsy: Peritonitis & Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. K. Norris M.D.

Address Church Home & Hosp. Date signed 30 June 48

64678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 64678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Chapel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Edward Cook

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Queenie Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19- 1867

8. AGE: Years: 81 | Months: 3 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

MOTHER | FATHER

12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

Unknown

16 (a) Informant: Mrs Queenie Cook
(b) Address: 1509 Chapel St Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-48 (month) (day) (year)
(c) Cemetery or crematory: United Brethren Cem
Location: Thurmont Md

18 (a) Funeral director: M L Creager + Sons
(b) Address: Thurmont Md

19 (a) [illegible] 2- [illegible]
(Date rec'd by registrar) (b) Huntington Williams, Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at 1 10 M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Earl L Ryan M.D.
Medical Examiner.
Date signed 7-2-48

G64679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 EUTAW PL.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 ELIZABETH PL.
(If rural give location)
(e) Citizen of foreign country? EUTAW (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary C. Quirkin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOWE

6 (b) Name of husband or wife CHARLES QUIRKIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) DEC. 12, 1872

8. AGE: Years	Months	Days	If less than one day
75	6	20	..... hr. ..... min.

9. Birthplace ELIZABETH CITY, N.C.
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name MILES COMMANDER
13. Birthplace ELIZABETH CITY, N.C.

MOTHER
14. Maiden Name JULIA
15. Birthplace ELIZABETH CITY, N.C.

16 (a) Informant TWIFORD FUNERAL Home
(b) Address ELIZABETH CITY, N.C.

17 (a) REMIVAL (b) Date thereof 7/2/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location ELIZABETH CITY, N.C.

18 (a) Funeral director WM T. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) JUL 2 - 1948 (b) Huntington Willis Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948 at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to July 2, 1948, and that I last saw h[illegible] alive on July 1, 1948.

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Silvia L. Twiford M. D.
Address 223 E Eutaw Place Date signed 7/2/48

VS 153

X

SEWELL

664650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

664650

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Zone 11 (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Harding Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Beatrice M Sewell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John W. Sewell | 6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) May 27, 1916

8. AGE: Years 32 | Months 1 | Days 3 | If less than one day ....hr. ....min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Albert L. Davis

13. Birthplace Ind.

MOTHER 14. Maiden Name Agnes M. Roach

15 Birthplace W. Va

16 (a) Informant John W. Sewell

(b) Address 600 Harding Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1948 (month) (day) (year)

(c) Cemetery or crematory St Marys

Location Hampden.

18 (a) Funeral director Paul C. Shangraw & Sons

(b) Address 3615 Chestnut Ave.

19 (a) Date received by Registrar 1948 (b) Huntington Williams, M.D. Registrar

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1948 to June 30 1948, and that I last saw her alive on June 30 1948

Immediate cause of death	Duration
Ascending myelitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Intestinal polyneuronitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Benson M.D.

Address Un. Hosp. Date signed 6/30/48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. 66631

66631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LAFAYETTE & JOHN STS.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Bellwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida May Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband or wife Leroy Edward Jones
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1898

8. AGE: Years	Months	Days	If less than one day
49	7	27	...hr. ...min.

9. Birthplace Baltimore, Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Basil Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ellen Grimes
15. Birthplace Baltimore, Md.

16 (a) Informant Raymond Edward Jones
(b) Address Bolivar, West Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Paul E. Shemanski Jr.
(b) Address 3615-17 Chesterfield Ave.

19 JUL 2 1948 (Date rec'd by registrar) (b) Huntington for Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948, at ...M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 19 1948 to JULY 1 1948 and that I last saw her alive on JULY 1 1948.

Immediate cause of death	Duration
CARDIORESPIRATORY FAILURE	8 HRS.
Due to CACHEXIA	6 WKS.
Due to GENERALIZED CARCINOMATOSIS (PRIMARY CARCINOMA, OVARIES)	3 MO. +
Other Conditions TYPE UNDETERMINED	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: GEN. ABDOM. CARCINOMATOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ...at ...M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCosh M.D.
Address Veterans Hospital Date signed 7/1/48

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The

VS 150

+

G64682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G64682

Type clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Gardenas ave
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Gardenas ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Bazik

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Matthew Bazik.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25-1864

8. AGE: Years	Months	Days	If less than one day
83	7	5	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Wm. Zimmerman
(b) Address 3410 Gardenas ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) JUL 2- 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946 to June 30 1948 and that I last saw her alive on June 30 1948

Immediate cause of death: Arteriosclerotic Cardio-Vas. disease — Duration: 22 Months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Levin
Address 4818 Reisterstown Rd Date signed July 2/48

VS 150

664683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 664683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Shakespeare St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Norman Sobus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1930

8. AGE: Years 17 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Charles Sobus
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Valis
15. Birthplace Baltimore

16 (a) Informant Charles Sobus
(b) Address 1617 Shakespeare St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazuski
(b) Address 1930 East Oliver St

19 (a) 7-2-48 (Date rec'd by registrar) (b) Interment for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-28-48 at 2-3 ? M.
(b) Where did injury occur? Ft. of Ann St.
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work? no
(d) Means of injury Drowned while swimming

23. Signature Earl L Rye M.D. (Medical Examiner)

Date signed 7-2-48

VS 151

G64684

2606 46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH · 13 B

Registered No. G64684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Thames, St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Mysykiewicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Angelia Mysykiewicz
6 (c) If alive, age: 34 years

7. Birth date of deceased (mo., day, yr.) 9-2-05

8. AGE: Years: 42 | Months: 10 | Days: - | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name: John Mysykiewicz
13. Birthplace: Poland

MOTHER — 14. Maiden Name: ? ?
15. Birthplace: Poland

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof July 6/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Baltimore

18 (a) Funeral director: Fred W. Gnezenski
(b) Address: 32 Eastern Ave

19 (a) JUL 2 - 1948 (Signature or Williams, M.D.)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 2 - 1948 at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28- 1948 to 7-2- 1948, and that I last saw h[illegible] alive on 7-2- 1948

Immediate cause of death	Duration
Shock	
Due to Pulmonary Hemorrhage	
Due to Tuberculosis of both Lungs	
Other Conditions Old gastrectomy (subtotal)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sherman Millinky M. D.
Address JOHNS HOPKINS HOSPITAL Date signed July 3 1948

JOHNS HOPKINS HOSPITAL

VS 150

G64685 48-13183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G64685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 North Charles Street 18
(c) Hospital or institution:
Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr. 50 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hr. 50 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 West Biddle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Garbo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1948

8. AGE: Years	Months	Days	If less than one day
0	0	0	7 hr. 50 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Schaffer
13. Birthplace Mobile, Alabama

MOTHER
14. Maiden Name Ann Griddles
15 Birthplace Cleveland, Ohio

16 (a) Informant Mrs. Garbo
(b) Address 22 West Biddle Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JUL - 2 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed

VS 150

BC-4F-00077

G64686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G64686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jones Sts
(c) Hospital or institution: Community Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/48

8. AGE: Years | Months 5 mos | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Nora Mansell
15 Birthplace Md.

16 (a) Informant Nora Johnson
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL -2 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) (b) Signature of Registrar M.D.

JUL 2 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/48 19..., at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/48 19... to 6/30/48 19..., and that I last saw h[illegible] alive on 6/30/48 19...

Immediate cause of death	Duration
respiratory failure	
Due to malnutrition	
Due to Cleft palate	
Other Conditions prematurity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Brunbach M.D.
Address University Hospital Date signed 6/30/48

1578

664687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 664687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp. 17th
(d) Length of stay in hospital or inst. (~~years, months~~ days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Unknown

MOTHER
14. Maiden Name Lenny ?
15 Birthplace Alabama

16 (a) Informant Willie Johnson
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (b) Registrar

Title record by registrant

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 11 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to June 28 1948, and that I last saw h[illegible] alive on June 26 1948

Immediate cause of death Cardiac decompensation & pulmonary edema — Duration

Due to hypertensive cardiovascular disease

Due to Arterial hypertension

Other Conditions Diabetes mellitus, papular eczema, ? decubitus infection
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Seen as a whole

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Univ. Hosp. Date signed 6/30/48

JUL -2 1948
University Medical School
Commissioner of Health

937

664688 (1) 664688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. 664688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 East Fort Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 East Fort Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evangelos Vasilakos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Alice A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/1877

8. AGE Years	Months	Days	If less than one day
71	3	5	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Michael Vasilakos
13. Birthplace Greece

MOTHER
14. Maiden Name Anna Kutharis
15. Birthplace Greece

16 (a) Informant Family
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director James L. McCarney
(b) Address 130 East Fort Avenue

19 JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/48 19 , at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20/ 1948 to 6/30 1948 and that I last saw h[illegible] alive on 6/30/48

Immediate cause of death

	Duration
Thrombosis Cerebral	10 days
Due to Arteriosclerosis	
Due to	
Other Conditions Cerebral Hemorrhage	7 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 651 N Bentalou Date signed 7/2/48 M. D.

11 Wash. Blvd. C.S. 4 Bentalou St

664689 BALTIMORE CITY HEALTH DEPARTMENT 664689
465 963 CERTIFICATE OF DEATH 157E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town Houma (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Bond, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Ellen Mullin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-47

8. AGE: Years 1 | Months 13 | Days 1 | If less than one day hr. min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Fred Mullin
13. Birthplace Kansas

MOTHER 14. Maiden Name Nettie Fesi
15. Birthplace La.

16 (a) Informant records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-48 (month) (day) (year)
(c) Cemetery or crematory Homer
Location Louisiana

18 (a) Funeral director
(b) Address JOHNS HOPKINS HOSPITAL

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 2 - 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 — 1948, at 12 [illegible]

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 2 1948, and that I last saw h[illegible] alive on July 1 1948

Immediate cause of death: Cardiac Decompensation — Duration
Due to: Post Fracture
Congenital Heart Disease
Due to:
Other Conditions: Under Development
& Malnutrition
(Include pregnancy within 3 months of death)
Date of operation July 1, 1948
Major findings of operation: Congenital Malformation
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature JOHNS HOPKINS HOSPITAL
Address Date signed July 2, 1948

G64690

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64690
CERTIFICATE OF DEATH 102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Stephen Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Harry R. Munson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband~~ or wife La Rue Munson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1907

8. AGE: Years	Months	Days	If less than one day
40	6 10	17 15	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Sign painter
11. Industry or business Glen Martins

FATHER
12. Name Nelson Munson
13. Birthplace Pa.

MOTHER
14. Maiden Name Sadie Rider
15. Birthplace Pa.

16 (a) Informant La Rue Munson
(b) Address 1104 Stephen Drive Middle River

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/3/48 (month) (day) (year)
(c) Cemetery Estherwood Furnace, Location Cleveland Penna.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) JUL 2 - 1948 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1948, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1948 to 7/2 1948, and that I last saw him alive on 7/2 1948.

Immediate cause of death	Duration
Cerebral and Pulmonary Edema	1 day
Due to Acute Cardiac Failure	1 day
Due to Malignant Hypertension	? months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy 7/2/48 Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred H. Dann
Address Maryland General Hosp. Date signed M. 7 D. 2/48

X

G64691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 V

Registered No. G64691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 Highwood Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Highwood Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Herrlich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1878

8. AGE: Years 70 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Dinker

13. Birthplace N Y

MOTHER 14. Maiden Name Rosanna MacNally

15. Birthplace N Y

16 (a) Informant Katherine Eindl

(b) Address 729 Highwood Drive C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson Colvin

(b) Address 219 E Lanvale St

19 (a) JUL 3 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to July 1 1948
and that I last saw h alive on June 29 1948.

Immediate cause of death Myocardial Insufficiency
Due to Arteriosclerosis

Due to

Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney D. Levy M.D.

Address 732 E Lanvale St Date signed 7/2/48

V S 150

X

G64692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. G64692

E.J.A. 118709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo. 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Parrish St. Z.23 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel (Gaine) Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 12, 1925

8. AGE: Years	Months	Days	If less than one day
22	7	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name James (Gaine) Haines

13. Birthplace Va.

14. Maiden Name Lena Mahone

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) JUL 3 1948 Huntington Williams Reg'r

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-48 1948, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	Duration
Multiple Emboli Pleurisy	4 mos.
Due to	
SUBACUTE BACTERIAL ENDOCARDITIS	4 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jennings

Address Baltimore City Hosp. Date signed 1 July 48 M D

VS 150

X

G64693 BC-G 48463 ✓ 170C

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G64693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia (Theresa) Blankenship

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1946

8. AGE: Years: 2 | Months: 1 | Days: 5 | If less than one day: hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name GERTRUDE BLANKENSHIP
15. Birthplace BALTIMORE, MD.

16 (a) Informant WILLIAM A. BLANKENSHIP
(b) Address 1108 CARROLL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 3, 1948 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET CEM.
Location FREDERICK AVE.

18 (a) Funeral director Joseph F. Ambrose, Jr.
(b) Address 414 W Franklintown Rd.

19 (a) JUL 3 1948 (Date rec'd by Registrar) Routing for Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture
Fracture of Femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-2-48 at 8:50 21/2 P.M.
(b) Where did injury occur? Carroll St. - 135' N of Cromwell
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by auto

23. Signature [signature] M.D. Medical Examiner.
Date signed 7-2-48

G64694

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64694

CERTIFICATE OF DEATH 131B

Registered No. 464068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA. (b) County
(c) City or town Arlington, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Pierce St. Apt. 205 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred Allen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Marie S. Allen
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 4-17-22

8. AGE: Years	Months	Days	If less than one day
26	2	16	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation draftsman
11. Industry or business

FATHER
12. Name Fred D. Allen
13. Birthplace N. C.

MOTHER
14. Maiden Name Ruby Perry
15. Birthplace N. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-0-48 (month) (day) (year)
(c) Cemetery or crematory Mont Lawn
Location Wake Co. N. C.

18 (a) Funeral director Leonard Funeral Home
(b) Address JOHNS HOPKINS HOSPITAL

19 (a) JUL 3 1948 (Date rec'd by registrar) (b) Transit for Williamsburg, Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1948 to 7/2 1948 and that I last saw him alive on 7/2 1948

Immediate cause of death Coronary thrombosis

Duration 6 yrs.+

Due to renal failure

Due to chronic glomerulitis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Emmett W. Smith M. D.
Address JOHNS HOPKINS HOSP. Date signed 7/3/48

VS 150

G64695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 43 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** James Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Va

MOTHER 14. Maiden Name Unknown

15. Birthplace Va

16 (a) Informant Mrs Daisy Scott

(b) Address 43 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto

18 (a) Funeral director Rayner Sanders

(b) Address 1413 E Preston St

19 (a) JUL 8 1948 (Date received by Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948, at 5:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardiac Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

Means of injury

23. Signature [signature] M.D. Medical Examiner

Date signed 6-29-48

VS 151

G64696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G64696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Worsley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Worsley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Haskins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James Haskins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1-1891

8. AGE: Years 56 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Tobe Turner
13. Birthplace Va

MOTHER
14. Maiden Name Rose
15. Birthplace Va

16 (a) Informant Mary Haskins
(b) Address 430 Worsley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co

18 (a) Funeral director Rayner-Landers
(b) Address 1412 E. Preston St

19 (a) 7-3-1948 (Date received by registrar) (b) Hunting for Hilligoss Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1948 to July 2 1948, and that I last saw him alive on July 1 1948.

Immediate cause of death Uremia

Due to Hypertension, cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Apparent
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Harland Hamill Jr M. D.
Address 902 W. Franklin Date signed 7-3-48

V S 150

G64697
B-50616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 939

Registered No. G64697

Please write clearly and legibly. Use ink or indelible pencil. Do not use typewriter. Do not fold. Make no erasures or corrections. Use only the accepted medical terminology. Consult the Physician's Handbook. Be sure that the cause of death is entered clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 W. Henrietta Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garfield Jefferson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 16- 1874

8. AGE; Years	Months	Days	If less than one day
74	3	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Pat Jefferson (D
13. Birthplace Calvert County, Maryland

MOTHER
14. Maiden Name Ma Plater-or-Maria Plater (D
15. Birthplace Maryland

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/2/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balt City
18 (a) Funeral director Wm A Jackson
(b) Address 916 Pennsylvania Ave
19 (a) Date received by registrar 7/2/48 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1- 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1- 1939 to 7-1 1948, and that I last saw him alive on 7-1- 1948.

Immediate cause of death	Duration
Cardiac failure	mos
Due to HCVD	yrs
Due to	
Other Conditions ingrowned toes	da

(Include pregnancy within 3 months of death)
Date of operation July 1, 1948
Major findings of operation: ingrowned toes
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.
Address Balt City Hosp. Date signed 7/3/48

G64698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G64698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. Payson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia May Serp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Chas. W. Serp
6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) 7/15/1873

8. AGE: Years	Months	Days	If less than one day
74-75-	11	15	____hr. ____min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Christian Kaufmann
13. Birthplace Germany

MOTHER
14. Maiden Name Jennie A. McConnell
15. Birthplace England

16 (a) Informant Charles W. Serp
(b) Address 2122 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director F. D. Wipfler & Son
(b) Address 300 Eutaw Place Huntington Williams, Inc

19 (a) JUL 3 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 11:15 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Fracture of skull
Intracranial hemorrhage
Due to Contusion of brain.
Fractured pelvis
Other Conditions Fractured right tibia and fibula.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-30-48 at 9:00 P M. 20/1
(b) Where did injury occur? Payson St - 130' N. of Fayette St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by auto
23. Signature Geo. G. Merrill M.D. Medical Examiner.
Date signed 7-1-48

VS 151

G64699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 83a

G64699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 W. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 W Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronnie Phillips

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec 18, 1893

8. AGE: Years 54 55 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Fannie ?
15. Birthplace N.C.

16 (a) Informant Glenn Phillips
(b) Address 107 Roberts Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3/48 (month) (day) (year)
(c) Cemetery or crematory
Location Weldon N.C.

18 (a) Funeral director Mrs Rotta A. Ellis Dept
(b) Address 1129 N. Caroline

19 (a) (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948. 12:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 2 1948 and that I last saw h[illegible] alive on June 27 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Malignant Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 612 Edmondson Ave Date signed 7-[illegible]-48

X

G64700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2506 E. Federal St
(c) Hospital or institution: Biddle St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Biddle St or No)
If yes, name country

3 (a) FULL NAME Mary Walton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 27 1881

8. AGE: Years 66 67 | Months 7 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace ITLAY (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name SALVATORE PATURZO

13. Birthplace ITLAY

MOTHER 14. Maiden Name EPOLITA

15. Birthplace ITLAY

16 (a) Informant Mr Walton

(b) Address 2506 E. Biddle St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof July 6 1948 (Month, day, year)

(c) Cemetery ~~or crematory~~ Baltimore

Location E. North Ave. Ext

18 (a) Funeral director Leo G. Leook

(b) Address 1701-13 N. Patterson Park Ave.

19 (a) 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1948 at 3:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive C.V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature L. P. Lubrinski M.D.
Medical Examiner.

Date signed 7/2/48

G64701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G64701
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1301 Ramblewood Rd-Balto. No
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thor Valentine

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Eva
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14-1892

8. AGE: Years	Months	Days	If less than one day
55	11	19	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Chemical Eng.
11. Industry or business

FATHER
12. Name John Adolph Valentine
13. Birthplace Norway

MOTHER
14. Maiden Name Mathea Roberg
15. Birthplace Norway

16 (a) Informant Mrs. Eva Valentine
(b) Address 1301 Ramblewood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Mt Albion
Location New York

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) 1948 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1948, at 5:40 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory Failure

Due to Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B McFadden M.D.
Medical Examiner.
Date signed 7-3-48

VS 151

G64702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64702 55B Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie C. Morison

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16. 1885

8. AGE: Years 62 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin Barthmon
13. Birthplace Md

MOTHER 14. Maiden Name Mary Wade
15. Birthplace Md

16 (a) Informant Henry W. Morison
(b) Address 634 Gorsuch Ave

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 7-5-48. (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins
Location Elkridge Sta. Md

18 (a) Funeral director Milburn Carter
(b) Address 1217 N Carey St

19 (a) 1948 Date rec'd by registrar Huntington Williams M.D.

V S 190

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1938 to 7-3-1948. and that I last saw h[illegible] alive on 7-3-1948.

Immediate cause of death: (a) Neogenic Carcinoma — Duration: 1 yr.
Due to —
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Robert Reed M. D.
Address Calvert & Saratoga Sts. Balto. 18. Date signed 7/3/48

G64703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64703 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2423 Maisel Court
(c) Hospital or institution Balto. Gen'l Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 Maisel Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Trout

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lily Parks Trout

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22nd 1871

8. AGE: Years	Months	Days	If less than one day
76	11	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Trout
13. Birthplace Md.

MOTHER
14. Maiden Name Emma (Unknown)
15. Birthplace "

16 (a) Informant Lily Trout
(b) Address 2423 Maisel Court

17 (a) Burial (b) Date thereof 7/6/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 S. Paul St.

19 (a) (b)
(Date rec'd by registrar) Huntington Wallis Registrar

151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1948, at 4 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio Respiratory failure

Due to Hypertensive Cardiovascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B. McFadden M.D.
Medical Examiner.
Date signed 7-3-48

G64704
BC-492888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 158

G64704
Registered No.

Please write the causes of death clearly and legibly. Physicians: Please write the cause to which death should be charged statistically. Use only approved abbreviations.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1/2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Stanley Sentz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1948

8. AGE: Years	Months	Days	If less than one day
		10 1/2	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name Carl Herbert Sentz
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margaret Marie Hay
15. Birthplace Baltimore Maryland

16 (a) Informant Margaret Mary Hay Sentz
(b) Address 1761 Barclay St.

17 (a) Burial (b) Date thereof 7/5/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Lloyd F. Bright Jr.
(b) Address 6009 Harford Road.

19 (a) 1948 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

05

20. DATE OF DEATH 7-2-1948 at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-1948 to 7-2-1948 and that I last saw him alive on 7-2-1948

Immediate cause of death	Duration
Respiratory Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard C. Hayden M.D.
Address Bon Secours Hosp. Date signed 7-3-48

X

G64705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G64705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 H Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Wertheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia

16 (a) Informant Records-
(b) Address

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 7-4-48 (month) (day) (year)
(c) Cemetery or crematory
Location Ironton, Ohio

18 (a) Funeral director Jack Lewis Inc
(b) Address [redacted] Place

19 (a) JUL 4 - 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 3 1948 and that I last saw her alive on July 3 1948

Immediate cause of death Cerebro-vascular accident — Duration

Due to Hypertension and arteriosclerosis heart disease

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Wintersmith M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/5/48

Madeline W. WINTERNITZ 937

G64706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G64706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto & South Sts
(c) Hospital or institution: Morgan & Millards Drug Store 61
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Band

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bella Band

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Abrahqm
13. Birthplace Russia

MOTHER
14. Maiden Name Doza
15. Birthplace Russia

16 (a) Informant Bella Band
(b) Address 1506 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

7-4-1948 (Date rec'd by registrar) Washington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 July 1948, at 1:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Due to Coronary Thrombosis.
D.O.A. - Mercy Hospital

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammerer, Jr. M.D.
Date signed 3 July 1948 Medical Examiner.

X

G64707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

G64707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5440 Fairlawn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna J. Gold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry J

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 49 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry
13. Birthplace Russia

MOTHER
14. Maiden Name Leya
15. Birthplace Russia

16 (a) Informant Harry Gold
(b) Address 5440 Fairlawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-48 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (a) 7-1948 (Date rec'd by registrar) (b) Huntington Nellis (Registrar)

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1948, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/3 1948 and that I last saw her alive on 7/2 1948.

Immediate cause of death: Emphysema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Kot, M.D.

Address Sinai Hosp. Date signed 7/3/48

X

G64708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G64708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 W. 36th Street
(c) Hospital or institution:

13-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 W. 36th Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Sarah Virginia Dumhart

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: John T. Dumhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1877

8. AGE: Years	Months	Days	If less than one day
71	3	8	hr. min.

9. Birthplace: Howard County, Maryland
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

MOTHER / FATHER
12. Name: Thomas E. Hungerford
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sarah Duvall
15. Birthplace: Maryland

16 (a) Informant: John T. Dumhart
(b) Address: 1529 W. 36th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1948 (month) (day) (year)
(c) Cemetery or crematory: Emmanuel
Location: Scaggsville, Howard Co., Md.

18 (a) Funeral director: Burgee Funeral Home
(b) Address: 3631 Falls Road, Baltimore

19 (a) (Date received by registrar) Thurlington Williams M.D. Registrar

L 4-1948

VS 153

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 2, 1948, at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 2 1948 and that I last saw h-- alive on July 2nd 1948.

Immediate cause of death: Myocardial Infarction — Duration 3 hrs

Due to: Senility

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: B. A. Leitch M.D.
Address: 36th & Fawn St. Date signed: 7-3-48

+

G64709

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64709
CERTIFICATE OF DEATH 1316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rosedale ave
(c) Hospital or institution Ardleigh Nursing Home 51
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret C Kirwin

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife William J Kirwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 30 1883

8. AGE: Years	Months	Days	If less than one day
64	11	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Peter Akers
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Joyce
15. Birthplace Balto Md

16 (a) Informant Mrs Raymond P Hinterach
(b) Address 4110 Harris ave

17 (a) Burial (b) Date thereof July 6 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Baltimore Md

18 (a) Funeral director Henry W Jenkins' Sons
(b) Address 4905 York Rd

19 (a) (b) Huntington Williams
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947 to July 2 1948
and that I last saw h– alive on July 2 1948

Immediate cause of death
(a) Coronary Thrombosis
Due to Embolism
Due to Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry C Hauck
Address 1929 Eutaw Pl Date July 3 1948

VS 150

G64710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G64710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15 W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4037 W. Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Joseph J. Simson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of ~~husband or~~ wife Ella H. Simson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1873

8. AGE: Years 74 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Office
11. Industry or business Clerk

FATHER
12. Name Jacob Simson,
13. Birthplace Germany

MOTHER
14. Maiden Name Mina Modes,
15 Birthplace Germany

16 (a) Informant Mrs. I. Plaut
(b) Address 4037 W. Cold Spring Lane

17 (a) Burial (b) Date thereof 7/5/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chet Shalom
Location Balto. Md.

18 (a) Funeral director David Sondheimer Son
(b) Address 1902 Eutaw Place

19 (a) 1948 (Date filed by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1948, at 11 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/3 1948 and that I last saw h~~im~~ alive on 7/3 1948

Immediate cause of death Cerebro - Vascular Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reynold Tepper MD
Address Sinai Hospital Date signed 7/3/48 M.D.

VS 150

G64711 BALTIMORE CITY HEALTH DEPARTMENT G64711
CERTIFICATE OF DEATH 55B Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The accuracy of this certificate is necessary, important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W (b) County
(c) City or town Baltimore-30, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. West St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** ERNEST A. SCHULTE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/1882

8. AGE: Years	Months	Days	If less than one day
66		9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business Self

FATHER
12. Name Louis Schulte
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Scharmon
15. Birthplace Baltimore

16 (a) Informant Mr Louis Schulte
(b) Address 11 E West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory Schwabe
Location Odonnell St

18 (a) Funeral director J. J. Fahey Stone
(b) Address 1218 Light St

19 (a) 7-1948 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1948, at 1 45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1948 to 7/1 1948, and that I last saw h— alive on 7/1 1948

Immediate cause of death	Duration
Malignant Bone Tumor	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6/24/48
Major findings of operation: See above
of autopsy: Bowling section

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Bledsoe Jr M.D.
Address South Bond St Date signed 7/1/1948

VS 150

G64712

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64712
CERTIFICATE OF DEATH 63B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: The Seton Institute
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-6-1
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Wytheville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Helen Frances Maier - ne Ethel Maier
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-1893

8. AGE: Years 55 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Sister of Visitation
11. Industry or business

FATHER
12. Name William Francis
13. Birthplace Germany, (Boden)

MOTHER
14. Maiden Name Margaret Isellner
15. Birthplace Cumberland, Maryland

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd., Balto. 15. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Stewart Mortuary
(b) Address 1031 Eutaw Place

19 (a) 1948 (b) [illegible] (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1948 at 8:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2. 1938 to July 3. 1948, and that I last saw her alive on July 2. 1948.

Immediate cause of death	Duration
Heart failure	
Due to Toxic condition	
Due to Toxic nodular goiter	→ 10 days
Other Conditions Schizophrenia (paranoid type)	→ 10½ yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Walter A Jakwerth M.D. M. D.
Address Date signed

VS 150

G64713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

G64713
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Maryland Ave.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 78/3/13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME William J. Ayres

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ###### wife Margaret Sisson
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) March 19, 1870

8. AGE: Years	Months	Days	If less than one day
78	3	13	--- hr. --- min.

9. Birthplace Accomac, Virginia
(Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business ----------

FATHER
12. Name Henry Clay Ayres
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie W. Coleburn
15. Birthplace Virginia

16 (a) Informant Mrs. Margaret S. Ayres
(b) Address 2432 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery ####### Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director H. H. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) [illegible] registrar Huntington Williams, MD

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 6:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1947, to July 3 1948, and that I last saw h[illegible] alive on July 2 1948.

Immediate cause of death	Duration
Carcinoma of Rectum	10 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify-type of place)
(e) Means of injury

23. Signature Francis W. Gluck M. D.
Address 3406 St Paul St Date signed 6/8/48

G64714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. G64714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 16, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Elgin ave., Baltimore (If rural give location)
(e) Citizen of foreign country? not (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Edgar Breeding

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: ?

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Susan Ann Breeding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6/2/75

8. AGE: Years 73 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Frank Breeding
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Murphy
15. Birthplace Maryland

16 (a) Informant Mrs. J. R. Webb
(b) Address 2915 Elgin ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory
Location Stevensville Md.

18 (a) Funeral director Wm. J. Taylor & Sons
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 at 5:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1948 to July 3 1948, and that I last saw him alive on July 3 1948.

Immediate cause of death Shock (Hemorrhage) — Duration 1/2 hours
Pneumonitis — 1/2 hours
Congestive heart failure — 5 years
Due to
Due to Arteriosclerotic heart disease — 5 years
Other Conditions Peptic ulcer — " "

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Smith, Jr.
Address Union Memorial Hosp. Date signed 7/5/48

939

VS 150

G64715 ✓ G64715

SC-48-10155 X 119a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. HANOVER RD.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Grantly A Purcell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: No
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) APR. 30, 1948
8. AGE: Years 0 | Months 2 | Days 2 | If less than one day hr. min.
9. Birthplace Baltimore Maryland, Balto. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Linwood Wm. Purcell
13. Birthplace Virginia

MOTHER
14. Maiden Name Geneva Jarma
15 Birthplace Maryland, Elkridge

16 (a) Informant Linwood Purcell
(b) Address Hanover, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory Greece Episcopal
Location Elkridge Md.

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address Baltimore Md. Washington, D.C.

19 (a) 4-7-1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 48 at 5:21 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 48 to July 2 19 48 and that I last saw him alive on July 2 19 48

Immediate cause of death	Duration
Anoxia, atelectasis and dehydration respiratory failure	
Due to Diseases of the Newborn	1 month.
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None.
of autopsy: terminal atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Patterson Mark M. D.
Address University Hosp. Date signed July 2 '48

VS 150

X

G64716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

G64716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4112 EDMONDSON Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4112 EDMONDSON Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE IDA FIROVED

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife JOHN W. FIROVED

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 4, 1870

8. AGE: Years 78 | Months 0 | Days 27 | If less than one day hr. min.

9. Birthplace FREDERICK Co. MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name NATHANIEL CHANEY
13. Birthplace WINCHESTER, VA.

MOTHER
14. Maiden Name MARTHA BEALL
15. Birthplace MONTGOMERY Co, MD

16 (a) Informant MR. JOHN C. FIROVED
(b) Address 727 EDGEWOOD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory LORRAINE PARK
Location BALTO. Co., MD.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address NORTH & PA. AVES., BALTO (17), MD

19 (a) — 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 1 1948 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17 1945 to 7-1 1948, and that I last saw h[illegible] alive on 7-1 1948.

Immediate cause of death Carcinoma of Ovary — Duration 9 mo

Due to

Due to

Other Conditions Carcinoma of Cervix Hypertension C-U-D. — Duration 7
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon Asbman M. D.
Address 120 Taylor Ave St Date signed 7-3-48

VS 150

G64717

BALTIMORE CITY HEALTH DEPARTMENT X 61

CERTIFICATE OF DEATH

Registered No. G64717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st + Wyman Park Dr.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County —
(c) City or town Kilmarnock
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Robert Perciful

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Perciful

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1880

8. AGE: Years 67 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Northumberland Co., Va.
(Town, county, and state)

10. Usual Occupation Captain

11. Industry or business Barge

FATHER
12. Name Wm. Wesley Perciful
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Coleman
15. Birthplace Va.

16 (a) Informant Hosp. record (pt.)
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory MANSFIELD BAPTIST
Location KILMARNOCK VA.

18 (a) Funeral director John O. Bracket & Son
(b) Address 1900 Eastern Ave.

19 (a) JUL 5 - 1948 (Date rec'd by registrar) (b) Huntington Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to July 3 1948 and that I last saw him alive on July 3 1948.

Immediate cause of death Broncho pneumonia — Duration 2 days

Due to Hepatomegaly, undet. cause & jaundice — 2 wks.

Due to

Other Conditions Diabetes mellitus, Arteriosclerotic heart disease — 1 yr. ~~2 yrs.~~
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Miller M. D.
Address U.S. Marine Hosp. Baltimore, Md. Date signed 7/5/48

Physicians: please write the causes of death clearly and legibly. Be sure to give all information requested. The accuracy of this certificate is very important.

VS 150

107

G64718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G64718

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Frederick ave
(c) Hospital or institution: Nursing Home 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 N. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie May Packham

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 25 1867

8. AGE: Years	Months	Days	If less than one day
81	2	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Eldridge Packham
13. Birthplace England

MOTHER
14. Maiden Name Jane King
15. Birthplace Packham

16 (a) Informant Henry Packham
(b) Address 2321 N Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/48 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1906 Eutaw Place

19 (a) JUL 5 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to July 3 1948, and that I last saw her alive on July 2 1948.

Immediate cause of death	Duration
Cirannoma of Breast	
Due to metastatic to Left Breast and liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benson S. Frank
Address 2321 Orchard St Date signed 7/5/48

VS 3

G64719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G64719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution:
Franklin Sq. Hosp 27-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5512 Plymouth Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beedle, Pearl C.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife Wm. F. Beedle
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) MAR. 20, 1902

8. AGE: Years	Months	Days	If less than one day
46	3	13	7 hr. 35 min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Geo. W. Henderson
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Grote
15. Birthplace Md

16 (a) Informant William F. Beedle Sr.
(b) Address 5512 Plymouth Rd
17 (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Morelandi
Location Balto. Co. Md.
18 (a) Funeral director Leonard J. Funk
(b) Address 5305 Harford Rd.
JUL 5 - 1948 (b) Huntington Williams, Mgr.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1948, to 7-4 1948, and that I last saw he alive on 7-3 1948.

Immediate cause of death Generalized Carcinomatosis — Duration 6 MO.
Due to Carcinoma, Lt Breast
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation Oct. 1947
Major findings of operation:
of autopsy Metastasis Liver Lung Spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Barbour M. D.
Address Franklin Sq. Hosp. Date signed 7-4-48

G64720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G64720

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 E. 24th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 E. 24th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma E. Platt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1861

8. AGE: Years	Months	Days	If less than one day
87	2	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Platt
13. Birthplace ?

MOTHER
14. Maiden Name Laura Heymack.
15. Birthplace ?

16 (a) Informant Mrs. Blanney Frock
(b) Address 817 E. 41st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/48 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location North Ave

18 (a) Funeral director Lenstin E. Donovan
(b) Address 3438 Roland Ave.

19 JUL 5 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1948, at 1:24 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1947 to July 4 1948.
and that I last saw her alive on July 3 1948.

Immediate cause of death: Myocardial Insufficiency — Duration 2 wks
Due to Age.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Zimmerman M. D.
Address 2355 Harford Date signed 7-5-48

Important: Physicians: please write the causes of death clearly and legibly. Omission or careless supplied.

G64721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Helton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-20
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Shelburne Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Friedmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1882

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Austria

MOTHER
14. Maiden Name Maska
15. Birthplace Austria

16 (a) Informant Samuel Friedmann
(b) Address 3300 Shelburne Rd

17 (a) removal (b) Date thereof 7-5-48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Dalton Jewish
Location Dalton, Pa.

18 (a) Funeral director Jack Rewig Inc
(b) Address 2100 Eutaw Place

19 (Date rec'd by registrar) JUL 5 - 1948 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 July 1948, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 21 April 1948 to 5 July 1948, and that I last saw her alive on 4 July 1948.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Peripheral vascular disease with gangrenous ulcerations	1 year
Due to	
Other Conditions Diabetes mellitus with general + cerebral sclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis E. Wice M. D.
Address 920 St. Paul St. Date signed 5 July '48

Baltimore-2 Md. 107

064722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 064722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 HOMESTEAD STREET
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY AMELIA PANETTI

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Ernest F. Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 26, 1868

8. AGE: Years 79 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: George E. Mason
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Henrietta Bitzel
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Ernest F. Panetti
(b) Address: 616 Homestead Street -18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

1948 JUL 5 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948 19, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948, to July 1 1948, and that I last saw her alive on July 1 1948.

Immediate cause of death: Coronary Thrombosis — Duration: 2 hours
Due to: Arteriosclerosis
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Edward J. Cotter
Address: 11 E. Chase St. Date signed: M. July D. 2, 48

To be approved by Medical Examiner
Howard J. Malkin, M.D. X

G64723

446638

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 47D

G64723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Charleston S.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 85 Green St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isadore Lichenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) (Single), married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1898

8. AGE: Years 50 | Months 5 | Days | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER 12. Name Marks Lichenstein

13. Birthplace Russia

MOTHER 14. Maiden Name Fannie Grass

15. Birthplace N.Y.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)

(c) Cemetery or crematory Chapelton S.C.

Location

18 (a) Funeral director Jacob Levy Inc JOHNS HOPKINS HOSPITAL

(b) Address 2808 Eutaw Pl

19 (a) FILED 5 1948 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 5 - 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1948 to 7-5- 1948 and that I last saw him alive on 7-5- 1948.

Immediate cause of death Respiratory failure — Duration

Due to Cardiac failure

Due to Left upper pulmonary Lobectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/3/48

Major findings of operation: Carcinoma left upper lobe of lung

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Richard T. Keeffe, Jr. JOHNS HOPKINS HOSPITAL
Address Date signed 7/5/48

VS 159

G64724

J1- 117860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH, 13B

Registered No. G64724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 20-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50-60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Monestary Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Augusta Shepherd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of ~~husband~~ or wife Late Emma A. (Works)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1880

8. AGE: Years	Months	Days	If less than one day
67	8	13	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation PLUMBER
11. Industry or business

FATHER
12. Name Aaron Shepherd
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Sadie Thomas
15. Birthplace Wash. D. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (b) Date thereof JULY 6 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto Md.

18 (a) Funeral director HARRY H WITZKE
(b) Address 4101 EDMONDSON AVE

19 (a) JUL 7 1948 Huntington Williams, M.D.
(Date rec'd) (Registrar) Registrar of

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1948, to July 3 1948, and that I last saw h... alive on July 3 1948.

Immediate cause of death Bilat. fibro-caseous Tbc. fourth cavitation.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy SAME AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gayle G. Arnold, M.D.
M. D.
Address Balto. City Hosp. TB Div. Date signed 3 July 48

Gayle G. Arnold. X

G64725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G64725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Martha Welsh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Religious

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1849

8. AGE: Years 99 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Philadelphia, Pa. (Town, county and state)

10. Usual Occupation Sister of Charity

11. Industry or business

FATHER
12. Name William Richard Welsh
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Genevieve Florence Rodgers
15. Birthplace Dublin, Ireland

16 (a) Informant The Caton Institute
(b) Address 6420 Reisterstown Rd., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 48 (month) (day) (year)
(c) Cemetery or crematory Private
Location Selon Institute

18 (a) Funeral director Steward Mortuary Co.
(b) Address 108 W Mt Royal Ave.

19 (a) JUL 5 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948, at 8:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1948, to July 4 1948, and that I last saw her alive on July 3rd 48

Immediate cause of death
Cardiac failure
Due to Post-operative Cardiac Stress
Due to Fracture of femur.
Other Conditions Senility (99 yrs)
(Include pregnancy within 3 months of death)

Date of operation July 3 1948
Major findings of operation: Fract. of femur.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 28/1
(b) Date of occurrence June 21 at 2 M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fractured left femur by fall

23. Signature [illegible]
Address St. Agnes Hospital Date signed 7/4/48 M.D.
George E. Merrick MD

LeaR

G64726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

Registered No. G64726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 ~~South~~ Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Robert Loar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1929

8. AGE: Years	Months	Days	If less than one day
18	9	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas S.
13. Birthplace Md.

MOTHER 14. Maiden Name Martha V. Schaffer
15. Birthplace Md.

16 (a) Informant Family
(b) Address Same

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md.

18 (a) Funeral director James L. McCauley
(b) Address 139 E. Fort Ave.

19 JUL 8 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1948, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1948, to 7/3 1948, and that I last saw him alive on 7/3 1948.

Immediate cause of death: Uremia — Duration: 2 wks

Due to: Chronic Glomerular Nephritis — 1 month

Due to:

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: Chronic Glom Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alexis Gellhorn M. D.
Address SBGH Date signed

VS 150

X

The causes of death clearly and legibly. The Registrar supplies. Physicians: please write the causes of death clearly and legibly.

G64727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5725 Falls Road
(c) Hospital or institution:
—
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5725 Falls Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Buckley

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~#####~~ George S. Buckley
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 22, 1864

8. AGE: Years	Months	Days	If less than one day
84	1	12	--- hr. --- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----------

FATHER
12. Name John Horstman
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Parrish
15. Birthplace Maryland

16 (a) Informant George S. Buckley
(b) Address 5725 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery ~~#####~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. H. Mears and Son
(b) Address 805 N. Calvert St.

19 JUL 5 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 1948, and that I last saw her alive on July 2 1948

Immediate cause of death Myasthenia gravis — Duration 2½ yrs.
Due to
Due to
Other Conditions Arteriosclerotic cardio vascular disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —
23. Signature Frederick J. Vollmer M. D.
Address 6100 York Road Date signed July 4 1948

156 B

64728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G64728
Registered No. 3228

Please answer all questions legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 W. Mosher St
(c) Hospital or institution: 1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Mosher St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma Latitia Flowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	colored	widowed

6 (b) Name of husband or wife Judson Flowers
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr) Sept 2, 1868

8. AGE: Years	Months	Days	If less than one day
79	10	1	hr. min.

9. Birthplace Northumberland Co. Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Hiram Clark
13. Birthplace Va

MOTHER
14. Maiden Name Latitia Betts
15. Birthplace Virginia

16 (a) Informant Mary Ellen Saunders
(b) Address 1401 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1948 (month) (day) (year)
(c) Cemetery or crematory Lottsburg
Location Northumberland Co. Va

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

GL (a) 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1948, 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1948, to 7-3 1948, and that I last saw her alive on 7-2 1948.

Immediate cause of death: Myocarditis — Duration 2 years.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 7-3-48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 661729

661729

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution: 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 E. Eager St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Rhinehart

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. 212-07-2223

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosie Rhinehart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1873

8. AGE: Years	Months	Days	If less than one day
74	11	15	16 hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Ink mixer
11. Industry or business Printer

FATHER
12. Name Charles S. Rhinehart
13. Birthplace Baltimore

MOTHER
14. Maiden Name
15. Birthplace Baltimore

16 (a) Informant Frank J. Rhinehart
(b) Address 2230 E. Eager St.,

17 (a) Burial (b) Date thereof 7/5/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 JUL 6 1948 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1948 19 , at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 19 48 to July 2 19 48 and that I last saw h.i.m alive on July 2 19 48.

Immediate cause of death	Duration
CORONARY OCCLUSION	24hrs.
Due to ARTERIOSCLEROSIS, GEN.	10yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin H. Slaughter M. D.
Address 121 S. Highland Ave. Date signed July 3, '48

VS 150

X

730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 664730

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2314 Mayfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 Mayfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Hammann

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward A. Hammann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1891

8. AGE: Years 56 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Mooyer
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Lillian Voss
(b) Address 2314 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.

19 JUL 6 - 1948 (Date rec'd by registrar) (By) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1948 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30- 19 48 to 7-2- 19 48 and that I last saw her alive on 7-2- 19 48

Immediate cause of death: Cerebral Apoplexy — Duration: 24 hrs
Due to: Cerebral arteriosclerosis — Duration: ?
Due to: Generalized arteriosclerosis — Duration: ?
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C. Lang M. D.
Address 2117 Belair Rd Date signed 7-4-48

VS 150

64731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V. 13B

Registered No. G64731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Curley
(c) Hospital or institution:
7-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N Curley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur W Klug

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Carrie K Klug

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 21, 1883

8. AGE: Years: 65 | Months: 4 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business:

FATHER
12. Name: Thomas Klug
13. Birthplace: Md.

MOTHER
14. Maiden Name: Elizabeth D. Baker
15. Birthplace: Md

16 (a) Informant: Mrs Carrie K Klug
(b) Address: 610 N. Curley St.

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 7/7/48 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Catonsville Md

18 (a) Funeral director: Ulmers Funeral Home
(b) Address: 2068 Orleans St.

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 11:00 A.M.

21. I certify that I took charge of the remains described above, held an Aug & Surv Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Hes death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at (Work)
(d) Means of injury

23. Signature: Wellington L Klinck M.D.
Medical Examiner.

Date signed 7/8/48

VS 181

664732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

664732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 S. Wolfe Street
(c) Hospital or institution:
Home 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 South Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mikolaj Krzyzanowski (Or) Mike Kross

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1690

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name [redacted] or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1890 ?

8. AGE: Years	Months	Days	If less than one day
about 58			hr. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business D. E. Foote Packing Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Anna Krzyzanowski
(b) Address 715 South Wolfe Street

17 (a) Burial (b) Date thereof 7-7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or [redacted] Holy Rosary
Location Balto, Co. Md.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 (7-11) 6-1948 (Date rec'd by registrar) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1948, at 11, 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1948 to July 4 1948, and that I last saw h[redacted] alive on July 4th, 1948.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertensive Cardio-vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe M. D.
Address 7331 North Ave Date signed

64733 JL - 109367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: William Mosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Barry Mosley
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Smith
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory Union Bridge
Location Virginia

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Brantley ave

JUL 6 - 1948 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 3Pm M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23, 1947, to June 30 1948, and that I last saw h... alive on June 30 1948.

	Duration
Immediate cause of death: UREMIA	?
Due to: HYPERTENSIVE CARDIOVASCULAR DISEASE	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jennings M. D.
Address Baltimore City Hosp Date signed 3 July 48

X

64734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution: Mercy Hospital 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? ND. (Yes or No)
If yes, name country

3 (a) FULL NAME Sherman Winder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M.

6 (b) Name of husband or wife Sylvia Winder.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1902

8. AGE: Years	Months	Days	If less than one day
45 46	11	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business 420 St. Paul St.

FATHER
12. Name Robert Winder
13. Birthplace Maryland.

MOTHER
14. Maiden Name Frances Quickley
15. Birthplace Maryland

16 (a) Informant Mrs. Sylvia Winder
(b) Address 1009 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Anne Arundel Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 6 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 3 1948, and that I last saw h.m alive on July 3 1948.

Immediate cause of death	Heart failure	Duration
Due to	Rheumatic Heart Desease	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Aponte
Address Mercy Hosp. Date signed 7/3/48

VS 159

X

64735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. 64735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Franklin WARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lucy Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Winston Salem N. C.
(Town, county, and state)

10. Usual Occupation Ice & Wood.

11. Industry or business Business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown.

16 (a) Informant: Lucy Ward.
(b) Address 1739 Druid Hill Ave.

17 (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Cem.
Location Hale Chapel Md.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Mount St.

JUL 6 - 1948
(Date rec'd by registrar)

Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractures of ribs, clavicle, pelvis, and femur.
Rupture of spleen, kidney, intestine, and aorta

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 11-4
(a) Date of injury 7-2-48 at 9:20 A.M.
(b) Where did injury occur? Druid Hill Ave. & Preston St.
(c) Did injury occur at home, on farm, industrial place, in public place? public place (While at work) yes
(d) Means of injury Collision Pontiac Truck

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 7/2/48

64736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cambridge Court Apartments 2B
(If rural give location) Baltimore
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ~~Charles H.~~ Louise L. Linthicum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mr. Charles H. Linthicum
6 (c) If alive, give age years

7. Birth date of deceased, (mo., day, yr.) 7-21-85

8. AGE: Years 62 | Months 11 | Days 15 | If less than one day — hr. — min.

9. Birthplace Maryland (Baltimore)
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Josua Levering (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise (D)
15 Birthplace

16 (a) Informant husband Chas. H. Linthicum
(b) Address Baltimore 18 Cambridge Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto, Md.

18 (a) Funeral director John J. Mitchell & Sons.
(b) Address 1900 Eutaw Place

19 (Date rec'd by Registrar) JUL 6 1948 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 5.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1948 to July 5 1948 and that I last saw her alive on July 5 1948

	Duration
Immediate cause of death Cerebral Vascular Accident	16 hours
Due to Arteriosclerotic Hypertensive Cardio-vascular disease	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Smith, Jr. M.D.
Address Union Memorial Hosp. Date signed 9/3/48

X

737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 664737

Please write the causes of death clearly and legibly. Physicians: please sign.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Dukeland St.
(c) Hospital or institution: 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Dukeland St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Aquinas Tierney
3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-10-2662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 5-Oct-1899

8. AGE: Years	Months	Days	If less than one day
48	8	29	hr. min

9. Birthplace Baltimore Md.
(Town, county, and State)
10. Usual Occupation Shipfitter
11. Industry or business

FATHER
12. Name George J. Tierney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Froeberger
15. Birthplace Baltimore Md.

16 (a) Informant Wm. A. Tierney
(b) Address 721 Highwood Dr.

17 (a) Burial (b) Date thereof 7/6/48
(Burial, ~~cremation~~, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Baltimore St.

19 JUL 6 - 1948 Hunting for Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 July 1948, at 7:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1948, to 7-3 1948, and that I last saw h[illegible] alive on 7-3 1948.

Immediate cause of death CORONARY THROMBOSIS — Duration 1 Day

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Paul Hellman M. D.
Address 11 E. Chase St. Date signed 7-3-48
Baltimore
Homer J. Kalin M.D.

VS 150

64738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 96

Registered No. G64738

GM. 120693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6HRS. 30Min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baltimore Gray Manor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Ashwood RD. Gray Manor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Hevern

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2090

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Helen Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16- 1904

8. AGE: Years	Months	Days	If less than one day
44	1	19	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation American Smelting
11. Industry or business Refining Co.

FATHER
12. Name Walter Hevern
13. Birthplace MD.

MOTHER
14. Maiden Name Elizabeth Cook
15. Birthplace PA .

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2525 Eastlynn

19 (a) JUL 6 1948 (b) Huntington Williams, M.D.
(Date rec'd by reg.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 4 - 1948, at 5.20PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3-4 1948, to 7-4 - 1948, and that I last saw him alive on 7- 4- 1948

Immediate cause of death Subarachnoid Hemorrhage ?
Due to Hypertension ?
Due to Aneurysm ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Merrill F. Wilson
Address BCH Date signed 7/7/48

Merrill F. Wilson

64739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp. 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Poplar Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Joseph H. Mershon

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-14-5614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Ruth G. Mershon nee Westphal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1900

8. AGE: Years	Months	Days	If less than one day
47	9	18	hr. min.

9. Birthplace Selma, Alabama (Town, county, and state)
10. Usual Occupation Steamfitter
11. Industry or business W. K. Mitchell

FATHER
12. Name Martin Mershon
13. Birthplace Unknown

MOTHER
14. Maiden Name W
15. Birthplace W

16 (a) Informant Mrs. Ruth G. Mershon
(b) Address 2906 Poplar Terrace

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory
Location Fond Du Lac, Wisconsin

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1948, at 6.30 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory Failure

Due to Coronary Heart Disease

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B. McGadden M.D. Medical Examiner.
Date signed 7-6-48

VS 151

64740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No. G64740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital ~~XXXXXXXX~~ St. Joseph's 15-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2472 Shirley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Schulz, Frederick George (Fred George Schulz)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-05-0052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife: Susan E. Schulz
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1889

8. AGE: Years	Months	Days	If less than one day
58	10	26	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Shipping Clerk
11. Industry or business: A. & P.

FATHER
12. Name: Not Known
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Mrs. Susan E. Schulz
(b) Address: 2472 Shirley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1948 at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20, 1948 to July 5, 1948, and that I last saw h im alive on July 5, 1948

Immediate cause of death: Pulmonary Atelectasis — Duration

Due to: Post Operative — Sympathectomy

Due to: Hypertension Essential

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 7/2/48
Major findings of operation: Sympathectomy
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hosp. Date signed 7/5/48

VS 150

64741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 137a

Registered No. 64741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 93rd and Calvert St.
(c) Hospital or institution: Union Memorial 20-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Vermont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Charles A. A. T. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mary Bonner Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1859

8. AGE: Years 88 | Months 11 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Missouri (St. Charles)
(Town, county, and state)

10. Usual Occupation Physician retired

11. Industry or business

FATHER
12. Name Charles William Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Klatte
15. Birthplace Germany

16 (a) Informant Miss Meta H. Miller
(b) Address 4210 Vermont Ave.

17 (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 6 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1948 at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1948 to July 4, 1948 and that I last saw him alive on July 4, 1948.

	Duration
Immediate cause of death: Myocardial Insufficiency	24 hrs.
Due to: Gastric and Prostatic Hemorrhage	12 hrs.
Due to:	
Other Conditions: Pulmonary embolis	72 hrs

(Include pregnancy within 3 months of death)

Date of operation June 12, 1948

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Smith Jr. M.D.
Address Union Memorial Hosp. Date signed 7/9/48

VS 150

64742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 64742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 SEQUOIA AVE - 15
(c) Hospital or institution:
NONE
PLACE OF DEATH - 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 SEQUOIA AVE - 15
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHARINA DIMLING

3 (b) If veteran, name war: N.
3 (c) Social Security Account No.: N.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife: NICHOLAS DIMLING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): DEC. 27, 1866

8. AGE: Years	Months	Days	If less than one day
81	6	5	hr. min

9. Birthplace: GERMANY
(Town, county, and state)
10. Usual Occupation: HOUSEWIFE
11. Industry or business: -

FATHER
12. Name: JOHN PETER HERGET
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: ANNO MARIE KEHN
15. Birthplace: GERMANY

16 (a) Informant: MISS AMELIA DIMLING
(b) Address: 3812 SEQUOIA AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory: LORRAINE
Location: BALTO. COUNTY, MD.

18 (a) Funeral director: WM. J. TICHNER & SONS
(b) Address: BALTIMORE MD.

19 JUL 6 - 1948 (Date rec'd by Registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1948, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1948 to July 2 1948 and that I last saw her alive on June 41 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage and paralysis	12 days
Due to	
Due to Arteriosclerosis Hypertension	? ?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Walter S. Tibbett M. D.
Address: 2220 Garrison Blvd Date signed July 4 48

VS 150

Walter S. Tibbett

64743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 664743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25-
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Ceddox St. (If rural-give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Zuelke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARTHA H. (SCHMIDT)

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) MARCH 29, 1880

8. AGE: Years 68 | Months 3 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry of business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MRS ANNA DE LOST
(b) Address 1601 CEDDOX ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 7 48 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEM
Location NORTH AVENUE

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST

19 JUL 6 - 1948 (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1948, at 12:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary artery Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7-6-48

64744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave
(c) Hospital or institution: West Balto Gen. Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Spruce Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATE STEIN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Barney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis
13. Birthplace Russia

MOTHER 14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Next Friend
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Fernwood Rd. Balto Co.

18 (a) Funeral director Jack Levin Inc
(b) Address 2400 Eutaw St

19 JUL 6 - 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 7-5- 1948, at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1948, to 7-5- 1948, and that I last saw her alive on 7-5 1948.

Immediate cause of death Pulmonary Edema — Duration

Due to Hypertensive arteriosclerotic cardiovascular disease

Due to

Other Conditions Glaucoma

(Include pregnancy within 3 months of death)

Date of operation 7-4-48

Major findings of operation: Iridectomy for glaucoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Birdsman M.D.
Address WBCH. Date signed 7-5-48

VS 150

64745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

Registered No. 64745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave
(c) Hospital or institution: Levindale 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Jefferey St (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Lochkind

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Barney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place Baltimore, Md

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1948, at 8:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1948 to 7-5 1948 and that I last saw her alive on 7-5 1948

Immediate cause of death: Bronchopneumonia — Duration:

Due to: Spinal Cord tumor — over

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Jerome J. Blumberg M. D.
Address Levindale Home Date signed 7-5-48

VS 150

X

64746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 64746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPT 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 LOYOLA SOUTHWAY (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BORIS PUSHKIN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 13, 1933

8. AGE: Years	Months	Days	If less than one day
15	4	22	hr. min.

9. Birthplace BALTO. MD (Town, county, and state)
10. Usual Occupation SCHOOL BOY
11. Industry or business

FATHER
12. Name MAX
13. Birthplace RUSSIA

MOTHER
14. Maiden Name EVELYN
15 Birthplace RUSSIA

16 (a) Informant HOSPT. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD

18 (a) Funeral director JACK LEWIS INC
(b) Address 2100 EUTAW PLACE

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 5 1948, and that I last saw alive on 19

Immediate cause of death	Duration
Acute Lymphatic Leukemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Koby, M.D.
Address Sinai Hosp. Date signed July 5, 1948

VS 159

64747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G64747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2906 Leistertown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pansy Boss

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Toledo Ohio
(Town, county, state)
10. Usual Occupation Sales Lady
11. Industry or business

FATHER
12. Name Israel
13. Birthplace Russia

MOTHER
14. Maiden Name Bertha
15. Birthplace Russia

16 (a) Informant William Loshan
(b) Address 3310 Liberty Heights Ave

17 (a) Burial (b) Date thereof 7-6-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sinai Israel
Location Southern Ave Dr

18 (a) Funeral director Jack Levy Inc
(b) Address 2102 Eutaw Place

19 (a) JUL 6 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 5 1948, and that I last saw h e r alive on July 4 1948.

Immediate cause of death	Duration
Pulmonary edema	
Due to C.A. of liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. Harrison M. D.
Address Sinai Hosp. Date signed 7-5-48

64748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

Registered No. 664748

Please write the causes of death clearly and legibly. Physicians: please write carefully and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that every question is answered. Typewriter supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2723 W. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2723 W. FAIRMOUNT Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Dewitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife. William Dewitz, Sr.
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) 5/17/1870

8. AGE: Years	Months	Days	If less than one day
78	1	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Wilking
15. Birthplace

16 (a) Informant Mrs. Dora Rimbach
(b) Address 4028 Walbrook Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Thomas J. Kenny Inc.
(b) Address 1600 Hollins Street

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Huntington for Wm. Agent, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1948 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948 to July 3 1948 and that I last saw Her alive on July 3 1948

Immediate cause of death: Coronary Thrombosis — Duration: 1 month

Due to: Arterial Sclerosis

Due to:

Other Conditions: Collapse of Left Lung, Cardiac Malignant
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Cahoe M.D.
Address 2145 W Balto St Date signed 7/5/48

VS 150

94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64749 Registered No. G64749

64749 GH. 120648 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 W. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Horace Gaines Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 19-1908

8. AGE: Years	Months	Days	If less than one day
40	5	15	hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Boone
13. Birthplace MD.

MOTHER
14. Maiden Name Elizabeth Brady
15. Birthplace MD.

16 (a) Informant Records B lto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Carrols Cemetery
Location Calvert County, Md.

18 (a) Funeral director Charles H. Alexander
(b) Address 1200 McCulloh St., Baltimore, Md.

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) [signature] M. D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 3 - 1948 at 9.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 22- 1948 to 7- 3- 1948, and that I last saw him alive on 7- 3- 1948

	Duration
Immediate cause of death Massive pulmonary hemorrhage	10 min.
Due to Far advanced bilateral pulmonary tuberculosis with cavitation	6 mo.
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 7-4-48 Far advanced tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore City Hospitals Date signed 7-4-48

G64750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G64750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philomena Mary Coblan (also known Gillie Dunek Coblan

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5304

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Coblan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Joseph Dunek

13. Birthplace Baltimore

MOTHER 14. Maiden Name Not known

15 Birthplace " "

16 (a) Informant Charles Coblan

(b) Address 911 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18. (a) Funeral director Mark Grocki Son

(b) Address 900 S. Chester

JUL 6 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1948 to 7/3 1948. and that I last saw her alive on 7/3 1948.

Immediate cause of death — Duration

Acute Uraemia — 1 Week

Due to Chronic Nephritis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph Pokorny M. D.

Address 2200 E. Madison Date signed 7/6/48

G64751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64751

Registered No.

45-4491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Elizabeth, (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 S. Broad, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Mucksavage,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Mucksavage

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 3-9-05

8. AGE: Years 43 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Auto Shops

11. Industry or business

FATHER
12. Name Michael Mucksavage
13. Birthplace Lithuania

MOTHER
14. Maiden Name Nellie Sharbonas
15. Birthplace Lithuania

16 (a) Informant Irene Ann Mucksavage
(b) Address 186 Cowdenby St., Carbondale, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/5/48 (month) (day) (year)
(c) Cemetery or crematory St Anthonys
Location Forest City Pa.

18 (a) Funeral director Laurence Hoffman
(b) Address 163 Broadway

19 (a) 6 1948 (Date rec'd by registrar) (b) Huntington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 5 - 1948 at 4 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10- 1948 to 7-5- 1948, and that I last saw him alive on 7-5- 1948.

Immediate cause of death	Duration
? Pulmonary Embolism	
Due to Unknown	
Due to	
Other Conditions ? Dermatomyositis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Melnikoff M. D.
Address Johns Hopkins Hosp Date signed July 5, 1948

V S 150

G64752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4220 Bayonne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Schulte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Frederick E. Schulte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1890

8. AGE: Years	Months	Days	If less than one day
57	8	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Christian Schmeiser
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Voltz
15. Birthplace Baltimore

16 (a) Informant Mrs. Charles Barker
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 6 48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUL 6 - 1948 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 7.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948, to July 3 1948, and that I last saw her alive on July 3 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bobby L. Jones M.D.
Address Franklin Square Hosp. Date signed 7/3/48

G64753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1620 N Register St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Arthur Reichelt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife. Mary Vetter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1880

8. AGE: Years	Months	Days	If less than one day
68		15	.....hr. .....min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Carl Reichelt
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Eckel
15. Birthplace Germany

16 (a) Informant Mrs. Mary Reichelt (Wife)
(b) Address 1620 N. Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location north ave & Rose St

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUL 8 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1948, at 10:40 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio - Respiratory Failure

Due to Degenerative Cardio Vascular Disease

Other Conditions Diabetes - Amputation Rt. Leg (Mid thigh)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Robert B McFadden M.D. Medical Examiner.
Date signed 7-5-48

VS 151

93

64754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G64754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3218 W. Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 W. Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James T. Phillips

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Wid

6 (b) Name of husband or wife Addie L. (Ellis)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Laurel, Delaware (Town, county, and state)
10. Usual Occupation Retired Contractor
11. Industry or business

FATHER
12. Name Wm. Phillips
13. Birthplace Del.

MOTHER
14. Maiden Name Julia Freeny
15. Birthplace Del.

16 (a) Informant Mrs. Helen Taylor
(b) Address 3218 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave.
Washington Blvd.

JLL 6-1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1948, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1947 to 7-4 1948, and that I last saw him alive on 7-3-1948

Immediate cause of death: Arteria-Sclerosis — Duration unknown
Due to + Senility — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Ensor M.D.
Address 7201 York Rd. Date signed 7-6-48

VS 150

64755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hospital 1-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Rochester Place (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME William Gross (WILLIAM GROSS)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Freda

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1885

8. AGE: Years 62 | Months 6 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Gas & Elec. Co.

11. Industry or business

FATHER
12. Name: Philip Gross
13. Birthplace: Germany

MOTHER
14. Maiden Name: Helen Reinhardt
15. Birthplace: Germany

16 (a) Informant: Mrs. M. Schoenberger -niece
(b) Address: 474 Atlas Ave. Toronto, Canada

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery or crematory: PARKWOOD CEMETERY
Location: BALTIMORE, MD.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 JUL 6 - 1948 (Date rec'd by registrar) (b) [illegible] for Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1948 at 7.30 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Artery Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7-6-48

64756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64756

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline

(c) Hospital St. Joseph's

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr. 35 min.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2235 Kentuck Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Xxxxx, Charles Franklin Kimpel

3 (b) If veteran, name war: No 1

3 (c) Social Security Account No. 218-03-4417

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife: Bertha Bell

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, (1888) 1886

8. AGE: Years	Months	Days	If less than one day:
61 (62)	7	19	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Bank Teller

11. Industry or business: First National Bank

FATHER — 12. Name: Charles Kimpel

13. Birthplace: Baltimore, Md.

MOTHER — 14. Maiden Name: Mollie Schueler

15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Bertha Bell Kimpel

(b) Address: 2235 Kentucky Avenue -13

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cemetery

Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.

(b) Address: NORTH AVE. & BROADWAY

19 (a) 7/7/48 (Date recd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1948 at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4, 1948, to July 4, 1948, and that I last saw him alive on July 4, 1948.

	Duration
Immediate cause of death: Acute coronary occlusion and pulmonary edema	9 hours
Due to: Arterio-sclerotic Heart Disease	6 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: arterio-sclerotic Heart Disease

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Ray E. Parsons Jr. M.D.

Address: St. Josephs Hosp. Date signed 7/4/48

VS 150

64757

BC-48-16120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161a

Registered No. 64757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hosp. 26-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6419 Bushey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL FEDOCK (ARLENE LOUISE FEDOCK)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 4, 1948

8. AGE: Years: 0 | Months: 0 | Days: 2 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Micheal Feodock
13. Birthplace: Penna

MOTHER
14. Maiden Name: Louise Miller
15. Birthplace: Penna

16 (a) Informant: Mr. Micheal Fedock (father)
(b) Address: 6419 Bushey Street

17 (a) burial (Burial, cremation, or removal) **(b) Date thereof** 7/6/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) 7-[illegible]-1948 (Date rec'd by Registrar) **(b)** Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1948 to July 5 1948 and that I last saw h[illegible] alive on July 5 1948

Immediate cause of death: Atelectasis — **Duration:**

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. F. Silverman M. D.
Address Sinai Hosp. **Date signed** 7-6-48

VS 150

54758 Ab 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 6647 8998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26-16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Bouldin St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Angele

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma —

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 3-31-81

8. AGE: Years 67 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Tech.

11. Industry or business Johns Hopkins

FATHER 12. Name Andrew Angele

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Guhl

15. Birthplace Germany

16 (a) Informant Mrs. Emma W. Angele

(b) Address 104 S. Bouldin Street-24

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address NORTH AVE. & BROADWAY

19 JUL 6 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1948, at 7.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1948, to 7-4 1948, and that I last saw h. alive on 7-4- 1948

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Myocardial Infarction	
Due to Hypertensive & Arteriosclerotic Cardiovascular Disease	
Other Conditions Pulmonary embolism; Parkinson's Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sherman Mellinkoff M. D.
Address JOHNS HOPKINS HOSPITAL Date signed July 9, 1948

VS 150

4759 BC-C73030 BALTIMORE CITY HEALTH DEPARTMENT C64759

CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Phyllis Ann Pack

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3-6-47

8. AGE: Years	Months	Days	If less than one day
1	8	28	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Jason Pack
13. Birthplace Maryland.

MOTHER
14. Maiden Name Geraldine Whitting
15 Birthplace Maryland.

16 (a) Informant Mother
(b) Address 608 N. Carrollton Ave. Balto 17 Md.

17 (a) Burial (b) Date thereof 7-7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George S. Nelson
(b) Address 1303 Presstman St

19 (a) JUL 6 - 1948 (b) Temporary Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 3 1948 and that I last saw her alive on July 3 1948.

Immediate cause of death Respiratory failure	Duration
Due to Lobar Pneumonia	
Due to	4
Other Conditions Convulsions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Patterson Hench M.D.
Address University Hospital Date signed July 7 1948

X

G64760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

G64760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2075 Rockrose Ave.
(c) Hospital or institution:
Ardleigh Nursing Home 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4417 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELMIRA GRIFFEE

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	WHITE	WIDOW

6 (b) Name of husband or wife Joseph H. Griffee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20 1866

8. AGE: Years	Months	Days	If less than one day
81	7	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joshua Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Anna Ehrhardt
15. Birthplace Md.

16 (a) Informant Mr. Joseph I. Griffee
(b) Address 4417 Falls Rd.

17 (a) Burial (b) Date thereof 7/6/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Eickner & Sons
(b) Address North & Pennsylvania Aves. Balto., Md.

JUL 6 1948 (b) Funeral home for Baltimore, Md.
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/48 19 ... M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 - 19 ... to July 3 19 48, and that I last saw h... alive on ... 19 ...

Immediate cause of death: Arterial Hypertension and Chronic Nephritis. 6 days

Due to ...

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature Stephen C. Hogue M.D.
Address 4417 Montcalm Date signed July 6 1948

G64761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) ~~Hospital~~ or institution: Home for the Aged Rm 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Cashman

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-7069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife Agnes Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 6, 1865

8. AGE: Years	Months	Days	If less than one day
82	9		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name L. J. Cashman
13. Birthplace

MOTHER 14. Maiden Name Cath. Duffney
15. Birthplace

16 (a) Informant Little Sister of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7. 1948 (Month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Winkfield
(b) Address 900 E. Biddle St

19 (a) JUL 6 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948 at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to July 6 1948, and that I last saw him alive on July 4 1948

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arterio Sclerosis	10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place).
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Date signed 7/6/48

VS 150

064762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 064762

Please write the causes of death clearly and legibly. Use typewriter supplied. Type or print plainly in ink. Do not use pencil. Do not write in spaces marked "For Registrar's Use Only".

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 FREDERICK AVE
(c) ~~Hospital~~ or institution: MT. St Joseph's College 25
(d) Length of stay in ~~hospital~~ or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt St Joseph's College (If rural give location)
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country x x x

3 (a) **FULL NAME** BROTHER RONAN C.F.X. (JOHN J DWYER)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr) DEC 6-1889

8. AGE: Years	Months	Days	If less than one day
58	6	28	..... hr. ..... min.

9. Birthplace JERSEY CITY N.J. (Town, county, and state)
10. Usual Occupation XAVERIAN BRO (RECLIOUS)
11. Industry or business

FATHER
12. Name JOHN DWYER
13. Birthplace NEW JERSEY

MOTHER
14. Maiden Name MARY COLLERY
15. Birthplace NEW JERSEY.

16 (a) Informant Records - Mt St Josephs
(b) Address FREDERICK

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ CATHEDRAL
Location Old FREDERICK Road

18 (a) Funeral director CHAS. F. EVANS & SON
(b) Address 118 W. Mt Royal AVE

19 (Illegible) 6 1948 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1948 at 2 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1948 to 7-4 1948.
and that I last saw him alive on 7-3 1948

Immediate cause of death: Acute Coronary Occlusion

Due to: Coronary sclerosis

Due to:

Other Conditions: Hypertensive Cardio-Vascular Disease
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry W. Dorsey M. D.
Address Date signed

VS 150

48-12942
C64763

BALTIMORE CITY HEALTH DEPARTMENT X
CERTIFICATE OF DEATH ✓157E

Registered No. C64763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 29 (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Oakley Village (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Joyce Buchheister

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-23-48

8. AGE: Years | Months | Days: 13 | If less than one day: hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

MOTHER / FATHER
12. Name John Paul Buchheister
13. Birthplace Balto, Md.
14. Maiden Name Dora Bridges
15. Birthplace Ga.

16 (a) Informant John Paul Buchheister
(b) Address 118 Oakley Village

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schnerr
(b) Address 2101 Frederick Ave.

19 (a) 6-1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948 at 5:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1948 to 7-6 1948
and that I last saw h alive on 7-6 1948.

Immediate cause of death	Duration
Congenital heart disease - patent ductus Arteriosis - ventricular septum & aortic cardiac	
Due to	
Other Conditions atelectasis of multiple cuny. annulus of [illegible]	
Date of operation	
Major findings of operation:	
of autopsy: See other Conditions.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. N. D'Elia Jr. M.D.
Address St Agnes Hosp Date signed 7/6/48

VS 150

G64764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G64764 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 957 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 957 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie E. Fletcher.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	married

6 (b) Name of husband or wife Daniel Fletcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1888.

8. AGE: Years	Months	Days	If less than one day
60	1	-	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Gray.
13. Birthplace Md.

MOTHER
14. Maiden Name Annie
15. Birthplace Md.

16 (a) Informant Daniel Fletcher.
(b) Address 957 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. K. R. Williams
(b) Address 322 N. Schroeder St

19 JUL 6 - 1948 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Tuly 2 1948, at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1948, to 7-2 1948, and that I last saw h[illegible] alive on 7-2 1948.

Immediate cause of death	Duration
Carcinoma of the uterus	
Due to	
Due to	
Other Conditions Hypertensive Cardio-vascular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Abdominal Metastasis-Ca ulcus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Hamilton Phillips M. D.
Address 1543 Eman-Ln Date signed 7/6 1948

VS 150

84765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 456

G64765 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st Sts.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Springfield Gardens
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134-70 Bodell St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME
Dirk van den Baard

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Hart
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 2, 1890

8. AGE: Years	Months	Days	If less than one day
58	1	4	hr. min.

9. Birthplace Holland (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Seafarer

FATHER
12. Name Peter van den Baard
13. Birthplace Holland

MOTHER
14. Maiden Name Wilhelmina ?
15. Birthplace Holland

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem
Location Long Island N.Y.

18 (a) Funeral director Wm Cook & Sons
(b) Address 1217 St Paul St

JUL 6 1948 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948 to July 6 1948, and that I last saw h im alive on July 6 1948.

Immediate cause of death	Duration
Carcinoma of tongue, posterior third with hemorrhage into lungs and	about 2 yrs about ½ hr
Due to- multiple cervical metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 7/6/48

VS 150

X

664766

G.M. 120492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 664766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Port ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yustyna Dora Cybulsky or (Yustyna M. Dur)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Kondrat
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10-1882

8. AGE: Years	Months	Days	If less than one day
65	8	24	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian Cemetery
Location Elkridge Md.

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street Huntington Pottsville, Md.

19 (a) Date filed JUL 6 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3-48 1948, at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16-48 to 7-3-1948, and that I last saw her alive on 7-3-1948.

Immediate cause of death	Duration
Insulin shock	24 hrs
Due to Diabetes Mellitus	?
Due to ?	
Other Conditions Adeno carcinoma of body of Uterus (Include pregnancy within 3 months of death)	Unkn.

Date of operation 6-21-48

Major findings of operation: Adeno Carcinoma of Uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place).
(e) Means of injury

23. Signature Alyse A. Pitcher M.D. M. D.
Address Balt. City Hosp. Date signed 7-3-48

VS 150

61

64767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

R 64767

Please answer questions 1 to 16 in ink. Write plainly. Use one square for each letter. Be sure to answer all questions. Do not abbreviate. Write out the full name of the city, town, or county. Do not use ditto marks. Be sure to fill in the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Arunah Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Gabriel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Leith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name ? Gabriel
13. Birthplace Leith

MOTHER
14. Maiden Name ?
15. Birthplace Leith

16 (a) Informant Katherine Gabriel
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kazunkas
(b) Address 602 Washington Blvd

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntingtn & Hillsboro Sts

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 July 1948, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 17 Dec 1946 to 4 July 1948 and that I last saw h(e)(m) alive on 4 July 1948

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	1 DAY
Due to ARTERIOSCLEROSIS	1946
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Nolan M.D.
Address 682 Washington Blvd Date signed 6 July 48 M.D.

VS 150

4768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64768 Registered No.

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address 4200 Maine Ave
(c) Hospital or institution: 28
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Maine Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH SNEIDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan, 30, 1893

8. AGE: Years 55 | Months 5 | Days 6 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name Benjamin Flashman
13. Birthplace Russia

MOTHER 14. Maiden Name Aga Kaminowitz
15 Birthplace Russia

16 (a) Informant Morris Sneider
(b) Address 4200 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 JUL 7 - 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948, to July 6 1948, and that I last saw h[illegible] alive on July 6 1948.

Immediate cause of death: Coronary Occlusion
Due to: c Myocardial Infarction
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Kolb
Address Sinai Hosp Date signed 7/6/48

VS 159

64769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 64769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) About 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins apts - Flat 2 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH EUGENE DALY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Elizabeth Willinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 77			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Ret.
11. Industry or business

FATHER
12. Name Thomas Daily
13. Birthplace Ireland

MOTHER
14. Maiden Name ----- Saterfield
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth W. Daily
(b) Address 3100 St. Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-1948, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23-1948 to 7-5-1948 and that I last saw him alive on 7-5-1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary occlusion	
Due to Arteriosclerotic CV dis	
Other Conditions Ca hepatic flexure	

(Include pregnancy within 3 months of death)
Date of operation Sigmoidoscopy 6-24-48
Major findings of operation: Ca hepatic flexure
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify yes or no)
(e) Means of injury

23. Signature Elden H Pratt M.D.
Address Mercy Hosp Date signed 7-7-48

VS 150

937

64770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E ✓

Registered No. 64770

Print the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4-- N. Callowhill (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Annie N. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-17-27

8. AGE: Years 21 | Months 20 | Days 1 | If less than one day — hr. — min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation.....

11. Industry or business.....

FATHER 12. Name Leonard Carter
13. Birthplace Va.

MOTHER 14. Maiden name Elizabeth Brent
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cem.
Location Lancaster Co. Va.

18 (a) Funeral director Metropolitan Funeral Home Inc.
(b) Address 922 N. Mount St.

JUL (a) 7 - 1948 (Date rec'd by registrar) (b) Printing for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-48 1948, 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1948 to 7-5 1948
and that I last saw alive on 7-5 1948

Immediate cause of death: Meningoencephalitis — Duration about 6 hrs

Due to Generalized Toxoplasmosis — 1½ - 2 yrs

Due to Toxoplasma histolytica

Other Conditions Sarcoid of lymph nodes — 1 yr.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: 7/6/48 Dr. Abell - Multiple abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury.....

23. Signature Graham E. Sprafkin
Address JOHNS HOPKINS HOSPITAL Date signed 7/6/48 M. D.

V S 150

43

64771

BALTIMORE CITY HEALTH DEPARTMENT X 937 ✓

CERTIFICATE OF DEATH

64771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Riderwood (If outside city or town limits, write RURAL and give town)
(d) Street No. Rider Ave. (If rural give location)
(e) Citizen of foreign country? ND (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Brownfield

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida Brownfield
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 16, 1891
8. AGE: Years 56 | Months 10 | Days 21/30 | If less than one day: hr. min.
9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation Manager Coal Yard.
11. Industry or business

FATHER
12. Name William Brownfield
13. Birthplace Missouri

MOTHER
14. Maiden Name Ella Henderson
15 Birthplace Missouri

16 (a) Informant Mrs. J. Brownfield
(b) Address Edmond Md
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/6/48 (month) (day) (year)
(c) Cemetery or crematory Green Mount Location Baltimore
18 (a) Funeral director Wilhelm & Son
(b) Address 1214 E. Fond St
JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 5 1948 and that I last saw him alive on July 5 1948.

	Duration
Immediate cause of death: Congestive Heart Failure	2 mo
Due to: Myocardial Insufficiency	5 yrs.
Due to: Arteriosclerotic Cardiovascular disease.	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Aponte M. D.
Address Mercy Hosp. Date signed 7/5/48

Jos. L. Aponte X

64772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. 64772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Boyle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kneis

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1883

8. AGE: Years 65 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name (Johnnie) Kneis
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lie Cooper
15. Birthplace Germany

16 (a) Informant: Elenor Stofer
(b) Address 1037 Elwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilhorn & Son
(b) Address 1314 E Cold St

19. JUL 7 - 1948 (Date rec'd by registrar) (Huntington for Williams M.D.) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1948, 2:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Surgical shock
due to spinal anesthesia
Pulmonary congestion
Due to Generalized peritonitis
due to peptic ulcer (ruptured)

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-6-48 at 2:20 A.M.
(b) Where did injury occur? Operating room South Balto Gen. Hosp.
(c) Did injury occur at home, on farm, industrial place, in public place? Hospital While at work? no
(d) Means of injury Spinal hypothetic

23. Signature [illegible] M.D. Medical Examiner.
Date signed 7/6/48

X

64773 Fede White.

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. 66773

CERTIFICATE OF DEATH 94a

Type or print clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: N Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada McGee White

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Green White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 14, 1874

8. AGE: Years: 74 | Months: 2 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Fredericksburg Va
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Sanford L McGee
13. Birthplace: Fredericksburg Va

MOTHER
14. Maiden Name: Mary Spotswood
15. Birthplace: Fredericksburg Va

16 (a) Informant: Lena Schrader
(b) Address: Mayonne Penn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/9/48 (month) (day) (year)
(c) Cemetery or crematory: Bethany
Location: Baltimore Md

18 (a) Funeral director: Wilson Coddington
(b) Address: 1217 E Cold St

19 JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1948, at 11 50P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1948 to 7-5 1948 and that I last saw her alive on 7-5 1948

Immediate cause of death: Pulmonary Edema — Duration:
Due to: Coronary Occlusion and Myocardial Infarction
Due to:
Other Conditions: Cerebral vascular accident
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W W Birdsman M.D.
Address: WBBH Date signed 7-5-48

VS 150

W. W. Birdsman X

64774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lew Joseph Jr. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. 18 min.

9. Birthplace Edgecomb N.C. (Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business Dealer

FATHER
12. Name James Moore
13. Birthplace N.C.

MOTHER
14. Maiden Name Caroline ?.
15. Birthplace N.C.

16 (a) Informant Joseph W. Moore
(b) Address 1607 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948, at 1.40 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] Medical Examiner. M.D.
Date signed 7-1-48

VS 151

G64775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G64775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 Bethel Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert WELLENS (WELLONS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Henry Willons

13. Birthplace Va

MOTHER 14. Maiden Name Ada World

15. Birthplace Va

16 (a) Informant Corine Willons

(b) Address 253 Bethel Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-48 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.

Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson

(b) Address 1010 Baltimore ave

19 JUL 7 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 6 30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab-wound of abdomen

Due to

Other Conditions Myocardial hypertrophy
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-6-48 at 4:00 p.M.
(b) Where did injury occur? 253 Bethel Ct.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury sharp instrument

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 7/6/48

VS 151

64776 BALTIMORE CITY HEALTH DEPARTMENT X ✓ 64776

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Saint Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4410 Hillside Ave - (29) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Mrs Bonnie Green

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Mr Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1895

8. AGE: Years 53 | Months (0)3 | Days (2)8 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Lindsey
13. Birthplace Md

MOTHER
14. Maiden Name Annie Rogers
15. Birthplace Md

16 (a) Informant Hospital Records.
(b) Address Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey Rd.

18 (a) Funeral director Herbert Donaldson
(b) Address Laurel Md.

19 (a) [illegible] 1948 (Date received by registrar) (b) Lexington-Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948, to July 5 1948, and that I last saw her alive on July 5 1948.

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive cr. disease

Due to 2 auricular fibrillation & massive pulmonary embolism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney J. Venable M.D. M.D.
Address St Agnes Hospital Date signed 7/5/48

VS 150

X

64777 Dr. Mendelis
651 N. Bentalou St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G64777
Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 East 30th Street
(c) Hospital or institution: 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 East 30th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Leonard W. Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4. 1900

8. AGE: Years 47 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Movie Picture

11. Industry or business: Pro operator

FATHER
12. Name: ? A. H. Henderson
13. Birthplace: ? Va.

MOTHER
14. Maiden Name: ? Clara V. Kersey
15. Birthplace: ? Va.

16 (a) Informant: Mrs. Anne Henderson
(b) Address: 1625 East 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-48 (month) (day) (year)
(c) Cemetery or crematory: Balto
Location: Balto

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road #14

19 JUL 7 - 1948 (Date rec'd by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/48 19 to 7/5/ 1948.
and that I last saw him alive on 7/5/48

Immediate cause of death: Acute Coronary Thrombosis — Duration: 24 hrs

Due to: Coronary sclerosis — Duration: 4 years

Due to: — Duration:

Other Conditions: Hypertension — Duration: years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Mendelis M. D.
Address 651 N Bentalou Date signed 7/6/48

X

778 BC-48-24151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 161a

Registered No. C64778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp. Lol
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. Baybrian Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-48

8. AGE: Years | Months | Days | If less than one day: 5 hr. 4 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Miller Taylor
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Mary Calnan
15. Birthplace New York City N.Y.

16 (a) Informant Wm. M. Taylor
(b) Address Baybrian Road, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1948 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Lyman Hill Road

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1948 at 1 5/1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5-48 19 to 7-6-48 and that I last saw h.i.~ alive on 7-6-48.

Immediate cause of death	Duration
respiratory failure	
Due to atelectasis	
Due to post th intracranial hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. D. Walding M. D.
Address WB Gen Date signed 7-6-48

VS 150

Write the causes of death clearly and legibly.

64779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. 64779

Type or print. Underline the cause to which death should be charged statistically. The certificate must be filled out completely and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 46 N. Carolina
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 N Carolina St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Morgan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: Fmed Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel L.,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1897

8. AGE: Years 54 | Months | Days | If less than one day: hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Stephney Rivers
13. Birthplace S C

MOTHER
14. Maiden Name Amelia Elia
15. Birthplace S C

16 (a) Informant Mannie Jefferson
(b) Address 46 N Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Ayacomo

18 (a) Funeral director Elliott E Williams
(b) Address 1515 McElderry St

19 (a) JY 7 1948 Date rec'd by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948 at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to July 3 1948
and that I last saw [illegible] alive on July 3 1948

Immediate cause of death: Mitral Stenosis — Insufficiency

	Duration
Due to: arterio Sclerosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Michelbacher M. D.
Address 2230 Eutaw Pl Date signed 7/6/48

VS 150

64780

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 664780

CERTIFICATE OF DEATH 130

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural - Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pleasant Hill Park
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Estelle M. Goodrich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1935

8. AGE: Years	Months	Days	If less than one day
13	4	14	hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Garland D. Goodrich
13. Birthplace Royal Center, Indiana

MOTHER
14. Maiden Name Alba Ruth Shunk
15. Birthplace Tippecanoe, Indiana

16 (a) Informant Garland D. Goodrich
(b) Address Pleasant Hill Park, Owings Mills

17 (a) Burial (b) Date thereof July 8, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) JUL 7 1948 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1948, at 8:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 7/5 1948, and that I last saw her alive on 7/5 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	1 day
Due to Acute and Subacute Glomerular Nephritis	5 weeks
Due to	
Other Conditions Uremia	4 weeks

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: 7/5/48 - Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Alfred H. Dann
Address Maryland General Hosp. Date signed 7/5/48 M. D.

X

64781 JL - 120882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

Registered No. 64781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life (?)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Ashland Ave. (925 S. Fremont Ave.)
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Lynham

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Eloise Kaiser Lynham
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 20, 1875

8. AGE: Years	Months	Days	If less than one day
72	11	12	hr. min.

9. Birthplace Md. (Wash-D.C.) (Town, county, and state)
10. Usual Occupation Retired - Lawyer
11. Industry or business

FATHER
12. Name George W. Lynham
13. Birthplace Md. (Wash.-D.C.)

MOTHER
14. Maiden Name Sally (D) (Carrie E. Rice)
15. Birthplace Md.

16 (a) Informant B. C. H. Records & Salvation Army
(b) Address 4940 Eastern Ave. - 925 S. Fremont Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Sherwood Morris & Co
(b) Address 1618 W. North Ave.

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1948, at 7.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 2 1948, and that I last saw h in alive on July 2, 1948

Immediate cause of death	Duration
Pneumonia	
Due to Bronchopneumonia & hypostatic congestion	
Due to prostatic obstruction	
Other Conditions Cardiac hypertrophy	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Hunt F. Hayes Jr. M. D.
Address Date signed

64782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. 64782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 149 W. Lanvale St
(c) Hospital or institution: at home 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Va

3 (a) FULL NAME Edward Landon Carter

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Eleanor M. Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about Oct 21 1880

8. AGE: Years	Months	Days	If less than one day
abt 67	8	17	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Landon C. Carter
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Carter
15. Birthplace Virginia

16 (a) Informant Mrs. Eleanor M. Carter - wife
(b) Address 1707 Park Ave - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Episcopal Churchyard
Location Falls Church - Va.

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. Mosher Ave. - City

19 (a) 7-1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 3:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1947 to July 6 1948.
and that I last saw h[illegible] alive on July 4 1948.

Immediate cause of death: Carcinoma (Pancreas)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6 July 1948
Major findings of operation: Confirmed
of autopsy: Clinical Diagnosis

Duration: Gradual

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody, M.D.
Address 1402 Park Ave Date signed 7/7/48

VS 150

64783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
16 State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 St. Ambrose Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Joseph B. Flater

3 (b) If veteran, name war: World War #2

3 (c) Social Security Account No. 213-09-4893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 20, 1906

8. AGE: Years	Months	Days	If less than one day
42	3	15	..... hr. ..... min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Salesman - Housefurnishing
11. Industry or business Goldberg

FATHER
12. Name George W. Flater
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Theresa Bonhage
15. Birthplace Balto., Md.

16 (a) Informant Mr. William M. Flater
(b) Address 3204 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-48 19 ..... at 5.27 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐, and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory failure

Due to Coronary Heart Disease

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature John B. McFadden M.D. Medical Examiner.
Date signed 7-6-48

VS 191

64784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G64784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 E. Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 E. Monument Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frank J. Hora, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8223

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Barbara (nee Bilek)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1872

8. AGE: Years 75 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name John Hora
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Mary Smrsal
15. Birthplace Czechoslovakia

16 (a) Informant Mrs. Barbara Bilek Hora - wife
(b) Address 2420 E. Monument Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave., Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 10:28 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948 to 7/5 1948 and that I last saw him alive on 7/4 1948.

Immediate cause of death	Duration
Carcinoma Rectum	2 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 7/6/48

VS 130

64785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. 64785

GM. 120977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4915 Toone ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Paul Steps, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Mary (nee Cerny)
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 29 -1892 ?

8. AGE: Years 56 ? | Months - | Days 6 | If less than one day: hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation

11. Industry or business City Employee

FATHER
12. Name ? Michael Steps
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Evan
15. Birthplace Austria

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~cemetery~~ St. Stanislaus
Location Dundalk Ave., Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 5- 1948, at 8.05AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 5- 1948 to 7- 5- 1948 and that I last saw h[illegible] alive on 7-5- 1948.

	Duration
Immediate cause of death: Laryngeal obstruction	12 hrs
Due to: Laryngeal edema	12 hrs
Due to: Carcinoma of larynx	?
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman Cole M.D.
Address 4940 Eastern [illegible] Date signed 7/5/48

To be Approved By Medical Examiner Howard J. Jenkins, M.D.

664786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. 664786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph D. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Married

6 (b) Name of husband or wife Hester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1873

8. AGE: Years	Months	Days	If less than one day
74	8	2	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Pensioner

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va

16 (a) Informant Phoebe Nelagn
(b) Address 1806 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location

18 (a) Funeral director Joseph D. Locke
(b) Address 1304 N. Central Ave

19 (Date rec'd by registrar) 7-7-1948 (Signature of Registrar) William H. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1948 at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 7/4 1948 and that I last saw h alive on 7/4/1948

Immediate cause of death

Lobar Pneumonia
Due to Old Pleurisy

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation ?

Major findings of operations:

of autopsy:

Duration
5 days
15 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Locke M.D.
Address 1304 N. Carol Street Date signed 7-6-48

VS 150

4787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 661787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 W. HAMBURG ST.
(c) Hospital or institution: ✓ 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 W. Hamburg St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Cook

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-2-1878

8. AGE: Years 69 | Months 70 | Days 11 | If less than one day 2 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clay Huffington
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Jacobs
15. Birthplace Baltimore Md

16 (a) Informant John W. Cook
(b) Address 2210 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial
Location Washington Blvd.

18 (a) Funeral director Charles W Faehnrich
(b) Address 703 McHenry St

19 (a) JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1948, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1947 to July 4th 1948, and that I last saw her alive on 7-4-48 19

	Duration
Immediate cause of death Myocardial failure	
Due to Advanced Cardio vascular arteriosclerotic disease	6-7 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. S. Lamb
Address 642 Wash Blvd Date signed 7-7-48 M D

VS 150

X

64788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G64788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3920 Garrison Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Garrison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John T. McGuire,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Johanna McGuire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1867

8. AGE: Years 81 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace: Maryland, (Town, county, and state)

10. Usual Occupation: Watchman,

11. Industry or business: Department Store,

FATHER
12. Name: John J. McGuire,
13. Birthplace: Ireland,

MOTHER
14. Maiden Name: unknown,
15. Birthplace: Ireland,

16 (a) Informant: W. T. Maguire,
(b) Address: 3607 Plateau Ave.,

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (month) (day) (year)
(c) Cemetery or crematory: St. Charle's Cem.
Location: Pikesville, Balto. Co. Md.

18 (a) Funeral director: C. Vernon Lemmon.
(b) Address: 4611 Park Heights Ave.

19 (a) 7/ 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH July 4, 1948 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1948 to 7/3 1948, and that I last saw h im alive on 7/3 1948.

Immediate cause of death: Myocardial insufficiency.

Duration: 6 mos.

Due to: —

Due to: —

Other Conditions: Cerebral arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. W. Guyton M.D.
Address: 3968 Greenmount Ave. Date signed 7/8/48. M.D.

VS 199

64789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dist
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Woodyear St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Franklin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
62 61			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Phil Galloway
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant: John Boyd
(b) Address 1616 Woodyear St

17 (a) Burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Pennsylvania Ave

1948 7-1-1948 (Date rec'd by registrar) Huntington Williams M.D.

VS.151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1948, at 7 25/A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 7/6/48

64790

BALTIMORE CITY HEALTH DEPARTMENT ✓ 64790
CERTIFICATE OF DEATH 94a
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 S. Catherine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Catherine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David G. W. Shamer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife late Emma B. nee Freeman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1865

8. AGE: Years 83 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carpenter

FATHER 12. Name Jacob Shamer

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant William F. Shamer

(b) Address 307 S. Catherine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7/48. (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hampden, Balto. Md.

18 (a) Funeral director Henry A. Witzke

(b) Address 4101 Edmondson Ave.

19 JUL 7 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5/48. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1948 to July 5 1948, and that I last saw h[im] alive on July 3 1948

Immediate cause of death coronary Thrombosis — Duration 6 days

Due to

Due to

Other Conditions Chronic Arteriosclerosis — without

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Racusin

Address 206 S. Filmor St. Date signed 7.8.48

VS 150

Nathan Racusin X

G64791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64791 Registered No.

Please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 N. Mount St
(c) Hospital or institution: 3 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGATHA E. WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1909

8. AGE: Years	Months	Days	If less than one day
38	9	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business

FATHER
12. Name Jacob White
13. Birthplace Md.

MOTHER
14. Maiden Name Alice M. Dixon
15. Birthplace Md.

16 (a) Informant Mr. Rudolph Dixon
(b) Address 1515 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St.

19 (a) 1948 (b) Registered by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1948, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1947 to July 5 1948, and that I last saw her alive on June 28 1948.

	Duration
Immediate cause of death Cardiac Vascular Disease	10 mo's
Due to Broken Compression	10 mo's
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Fray M.D.
Address 1928 Penna Ave Date signed 7/6/48

G64792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64792 Registered No.

Type or print the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1363 N. Calhoun
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1363 N. Calhoun
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie P. Blaze

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-1879

8. AGE: Years	Months	Days	If less than one day
68	9 10	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Fisher
15. Birthplace Md.

16 (a) Informant William F. Paul
(b) Address 1363 N. Calhoun St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr
(b) Address 1011 N. Arlington Ave

19 (a) (Date rec'd by Registrar) (b) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1948, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1948 to July 5 1948 and that I last saw h[illegible] alive on July 5 1948.

Immediate cause of death	Duration
Congestive Heart Failure	3 mos.
Due to Arteriosclerotic Cardio-Vascular Disease	2-3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George McDonald M. D.
Address 844 W. Carey Date signed 7/7/48

V S 150

G64793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7 183

G64793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai City Hospital 26-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 South Eagle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph or Giuseppe Iacchetti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 1937

8. AGE: Years 11 XX | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace: Ovindoli Aquila Italy (Town, county, and state)

10. Usual Occupation: School boy

11. Industry or business

FATHER
12. Name: Ottavio Iacchetti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Settimia Tiburzi
15. Birthplace: Italy

16 (a) Informant: Ottavio Tiburzi (Father)
(b) Address: 320 S. Eagle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1948 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: 7225 Eastern Ave Balt. Md.

18 (a) Funeral director: Frank Della Vecchia
(b) Address: 322 S. High St. Williamsport, Md.

19 (a) Rec'd by Local Registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1948 at 1:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-4-48 at 6:10 P.M.
(b) Where did injury occur? New Bay Shore Park Sparrows Pt. Md.
(c) Did injury occur at home, on farm, industrial place, in public place? PUBLIC While at work? NO
(d) Means of injury Drowning

23. Signature George L. Merrill M.D. Medical Examiner.
Date signed 7/5/48

VS 151

G64794 | BALTIMORE CITY HEALTH DEPARTMENT | G64794 Registered No.

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun ST.
(c) Hospital or institution: Franklin Sq. Hosp. 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S. Eden ST. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Frank Benizio

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8743

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 - 1893

8. AGE: Years	Months	Days	If less than one day
55	4	17	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name Pete Benizio
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Bonanno
15. Birthplace Italy

16 (a) Informant Josephine Benizio
(b) Address 306 S. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1948 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd & Baltimore Line

18 (a) Funeral director Frank Della Rose
(b) Address 322 S. High St.

19 JUL 7 - 1948 (Date rec'd by registrar) Huntington Hollins M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1948, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1948 to 7-5 1948 and that I last saw him alive on 7-5 1948.

Immediate cause of death	Duration
Infarction of myocardium	3 days
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Lahann M. D.
Address Franklin Sq. Hosp. Date signed 7-5-48

X

a2 G64795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a G64795

Registered No. 459407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State East Bermuda (b) County B.W.I.
(c) City or town Pembroke (If outside city or town limits, write RURAL and give town)
(d) Street No. Pond Rd (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country B.W.I.

3 (a) FULL NAME Una Hanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-09

8. AGE: Years	Months	Days	If less than one day
38	11	27	hr. min.

9. Birthplace B.W.I. (Town, county and state) Foreign
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Thomas Hansley
13. Birthplace B.W.I.

MOTHER
14. Maiden Name Mazie Marshll
15. Birthplace B.W.I.

16 (a) Informant John Hopkins Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/48 (Month) (Day) (Year)
(c) Cemetery or crematory Ivy Haven
Location Ivy Haven, Towson
18 (a) Funeral director John Hopkins Hospital
(b) Address JOHNS HOPKINS HOSPITAL 1206 Eutaw Place
19 (a) (b)
(Date received by registrar) (Registrar)

7-9-1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1948, at 4.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11- 1948 to 7-4 1948, and that I last saw her alive on 7-4 1948.

Immediate cause of death	Duration
	4-28-48
Due to Carcinoma of the Cervix	
Due to Generalized Metastases	
Other Conditions Uterine Hemorrhage secondary to	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: irradiation therapy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John Waters, Jr.
Address JOHNS HOPKINS HOSPITAL Date signed 7/6/48

VS-159

John Waters, Jr. X

G64796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 8/a

G64796
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Fontard Sts
(c) Hospital or institution: University Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 James St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Simmons

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wallace Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18th 1918

8. AGE: Years	Months	Days	If less than one day
30	4	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Henry A. Keyser
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma M. Kalter
15. Birthplace Baltimore Md.

16 (a) Informant Mr Henry A. Keyser
(b) Address 1349 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson + Longwood Sts

18 (a) Funeral director John J. Coyne + Son
(b) Address 901-03 Hollins St.

19 (a) (Date rec'd) 1948 (b) (Registrar) Huntington Williams, M. Registrar

FORM VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 July 1948, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4 July 1948, to 6 July 1948, and that I last saw her alive on 6 July 1948.

Immediate cause of death Resp. Failure — Duration
Due to Meningitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John White M. D.
Address Univ. Hosp. Date signed 7-6-48

X

G64797
JL - 69087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95B

G64797
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 246 S. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA [illegible] or May Keene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife E. Stasse Keene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1880

8. AGE: Years	Months	Days	If less than one day
68	1	24	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William High
13. Birthplace ?

MOTHER
14. Maiden Name Georgana Brown
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7-8-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave. & Fayette St.

19 (a) (Date rec'd) JUL 1948 (b) Registrar Huntington Williams, MD

VS 139

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 48 at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 19 41 to July 5 19 48, and that I last saw h.er alive on July 5 19 48.

Immediate cause of death	Duration
? Pulmonary Embolism	Immediate
Due to Rheumatic Heart Disease	40 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E Beckfold M. D.
Address Bal to City Hosp Date signed 7/6/48

Beckfold X

BC-48-5399

G64798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1576 Registered No. G64798

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address.....

(c) Hospital or institution: Sinai Hospital 6-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County.....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 234 N. Kenwood ave (If rural give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3 (a) FULL NAME Gary Clifton Harden

3 (b) If veteran, name war.....

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 27, 1948

8. AGE: Years ..... Months ..... Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name William C. Harden

13. Birthplace Joppa Md

MOTHER 14. Maiden Name Carlene Lawson

15 Birthplace Amsterville Va

16 (a) Informant. William C. Harden

(b) Address 234 N. Kenwood Ave Balto, 24 Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 8 1948 (month) (day) (year)

(c) Cemetery or crematory Trinity Lutheran

Location Joppa Md

18 (a) Funeral director Howard K. McLennan & Son

(b) Address Aberdeen Md

(a) [illegible] 1948 (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948 at 3:39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1948, to July 4 1948, and that I last saw him alive on July 4 1948

Immediate cause of death	Duration
Respiratory failure & cardiac	
Due to congenital cardiac defects (ventricular)	
Due to	
Other Conditions spina bifida lacunar skull	

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....

(e) Means of injury.....

23. Signature David Joseph M.D. M. D.

Address Sinai Hospital Date signed July 6, 48

VS 150

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G64799

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64799
Registered No.

CERTIFICATE OF DEATH 48a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Mt. Pleasant Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Mt Pleasant Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arlene Nancy Fay

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Leo V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1906

8. AGE: Years	Months	Days	If less than one day
58	2	18	hr. min.

9. Birthplace Dansville, Penna
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles Fingerl
13. Birthplace Penna

MOTHER
14. Maiden Name Sarah Imgrund
15. Birthplace Penna

16 (a) Informant Mrs Leo V. Fay
(b) Address 3707 Mt Pleasant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director John J Connolly
(b) Address 710 Eastern Ave

19 (a) Washington Hollingsworth (Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948, at 9.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to July 4 1948 and that I last saw h. alive on July 4 1948

Immediate cause of death: Carcinoma of cervix uteri with metastasis — Duration: 2 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 1945
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Clarence W. LeDoux M. D.
Address 611 Oakwood Ave Date signed 7/6/48

64800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

LC- 48-13847

159

G64800

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison and Linden Ave

(c) Hospital or institution: Md. Gen. Hosp. 9-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1321 E. 35th St.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Newborn

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6/30/48

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Donald R. Smith

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Bertha Boswell

15. Birthplace Balto., Md

16 (a) Informant Mrs D. Smith

(b) Address 1321 E. 35th St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL - 7 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 7 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1-48 19 , at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30/48 19 to 7-1-48 19 , and that I last saw h alive on 7-1-48 19

Immediate cause of death	Duration
Atelectasis	
Due to Aspiration	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Thomas C. Watson M. D.

Address Md. Gen. Hosp. Date signed 7-1-48

VS 150

X

G64801

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-13174 CERTIFICATE OF DEATH 159

G64801
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 10th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy Lochstampfor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/25/48

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Franklin Lochstampfor
13. Birthplace Balto.

MOTHER
14. Maiden Name Irene M. Branham
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL - 7 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 7 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1948 to 6-29 1948.
and that I last saw him alive on 6-29 1948.

Immediate cause of death Respiratory Failure — Duration 12 hrs.

Due to Prematurity — 6 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.

Address 1213 Light St. Date signed 7-6-48

VS 150

64802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 157E

Registered No. 64802

Please write clearly and legibly. Use ink. Do not use pencil. Be sure to fill in all items. Be sure to give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Canton (If outside city or town limits, write RURAL and give town)
(d) Street No. 2126 Fulton Rd NW (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Glenn Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 19-19

8. AGE: Years 29 | Months | Days | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Thurman Rice
13. Birthplace Ohio

MOTHER
14. Maiden Name Olive Swank
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Canton
Location Canton, Ohio

18 (a) Funeral director John O Mitchell
(b) Address 1205 Eutaw Pl.

19 (a) (Date received by Registrar) Counter-sign for Williams M.D. Registrar

JUL 8 - 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1948 to 7-7- 1948 and that I last saw alive on 7-7- 1948

Immediate cause of death: Cardiac decompensation — Duration

Due to Operative Cesarean 2 hrs. P.O.

Due to Congenital Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 7, 1948

Major findings of operation

Pulmonic Stenosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D Cooley M. D.

Address JOHNS HOPKINS HOSPITAL Date signed July 7 48

X

G64803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64803

Write the cause of death clearly and legibly. Use only black ink. Do not use pencil. Do not fold.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Harford Avenue
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Harford Avenue
(If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3 (a) FULL NAME Ulysses Seal

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	214 14 7013

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1864

8. AGE: Years	Months	Days	If less than one day
84	0	8	hr. min.

9. Birthplace Winchester, Va.
(Town, county, and state)
10. Usual Occupation Bookeeper, Retired
11. Industry or business -

FATHER
12. Name Henry Seal
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15 Birthplace Unknown

16 (a) Informant Leona S. Poe
(b) Address 826 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street, Baltimore

19 JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V S 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH July 7 1948, at 1:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1948 to 7-7 1948, and that I last saw h. alive on 7-5 1948

Immediate cause of death Cerebral Hemorrhage - Arteriosclerosis - | Duration
Due to | Duration
Due to | Duration
Other Conditions | Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith M.D.
Address 1223 E. North Ave Date signed 7-7-48

G64804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G64804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 N. Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 N. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry C. Ostendorf

3 (b) If veteran, name war: Sioux Campaign
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1857

8. AGE: Years 90 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Mechanic
11. Industry or business Balto. Transit Co.

FATHER
12. Name John Ostendorf
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Pussfort
15 Birthplace Balto. Md.

16 (a) Informant Mrs. Catherine Dalton
(b) Address 1809 Collington Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) 7 8 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1948, at 9 45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to July 3 1948.
and that I last saw h~~im~~ alive on July 3 1948.

Immediate cause of death	Duration
Acute Bronchial Pneumonia	
Due to Cardiac decompensation	
Due to	
Other Conditions Senile changes	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Bornstein M. D.
Address 204 E. Biddle St Date signed 7/6/48

V S 150

G64805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Boyd St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Samuel L. Cline

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Mollie Cline

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 4th 1887

8. AGE: Years	Months	Days	If less than one day
60	11	3	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Eli Cline
13. Birthplace N.J.

MOTHER
14. Maiden Name Anna R. Yingling
15. Birthplace Md.

16 (a) Informant Anna E. Cline
(b) Address 1160 Cleveland St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 8 - 1948 (Date rec'd by registrar) (b) Lemuel Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 4 ~~P~~ M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardio-vascular disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature [signature] M.D. Medical Examiner.
Date signed 7-7-48

G64806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

G64806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Ulman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~George~~ Mary Mohr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband George T. Mohr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12th 1880

8. AGE: Years 67 | Months 8 | Days 24 | If less than one day 5 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name George Robert Swen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary T. Walters
15. Birthplace Balto. Md.

16 (a) Informant Miss Eleanor Rose
(b) Address Homewood Apts

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1948 to 7/6 1948.
and that I last saw h[illegible] alive on 7/6 1948.

Immediate cause of death: Volvulus of jejunum — Duration

Due to: Cause unknown

Due to:

Other Conditions: 1) Splenomegaly chronic
2) Arteriosclerosis of jejunum
(Include pregnancy within 3 months of death)

Date of operation 6/18

Major findings of operation: Splenomegaly

of autopsy: Alone + sub-[illegible] above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1166 H Date signed 7/6/48

VS 150

G64807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 B

Registered No. G64807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution:
Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 McKean Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Knox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Elizabeth Knox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27th 1868

8. AGE: Years 80+ | Months 3 | Days 9 10 | If less than one day hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business: Husbandry

FATHER
12. Name: (Unknown) Knox
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant: Rosie Wilson
(b) Address 1129 McKean Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ M.E. Church
Location Fork Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 8 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1948, to July 6 1948, and that I last saw h[illegible] alive on July 6 1948.

Immediate cause of death: Senility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Superior M.D.
Address 27 N. Carey St Date signed 7/6/48

VS 150

664808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. 664808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Union Memorial Hospital 27-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5707 Narcissus Avenue (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Marcia Brill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1937

8. AGE: Years	Months	Days	If less than one day
11	1	10	....hr. ....min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation.....

11. Industry or business School Girl

FATHER
12. Name Milton Brill
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lillian Berlin
15. Birthplace New York City

16 (a) Informant Milton Brill
(b) Address 5707 Narcissus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948, at 1 28 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Hemorrhage due to stab wound of upper abdomen Ducts involving the liver & stomach

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/6/48 at approx. 12 15 P. M.
(b) Where did injury occur? 5700 block Park Heights Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Sharp instrument

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 7/7/48

G64809

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64809

CERTIFICATE OF DEATH 121

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Belmont TERR. #7
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary Susan Hertsch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife HENRY W. HERTSCH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 27, 1886

8. AGE: Years	Months	Days	If less than one day
60	3	10	hr. min.

9. Birthplace CAROLINE Co., Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name BOOTH F. DOGGETT
13. Birthplace Va.

MOTHER
14. Maiden Name MARY H. NOEL
15. Birthplace Va.

16 (a) Informant MR. HENRY W. HERTSCH
(b) Address 1909 BELMONT TERR.

17 (a) BURIAL (b) Date thereof JULY 10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~Crematory~~ WOODLAWN
Location BALTO Co. MD.

18 (a) Funeral director WM. T. TURNER & SONS
(b) Address BALTO, MD.

19 (a) JUL 8 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1948 at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1948 to 7-7 1948. and that I last saw her alive on 7-7 1948.

Immediate cause of death Acute Gangrenous perforated appendix — Duration
Due to ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6-24-48
Major findings of operation: Acute perforated gangrenous appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert M. Sensitney, M. D.
Address Maryland General Hosp. Date signed 7-7-48

X

664810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 664810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 Evesham Ave
(c) Hospital or institution: —
27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Evesham Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** JOHN WALLACE PARMENTER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife: Della Moore Parmenter
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) November 22nd 1859

8. AGE: Years 88 | Months 7 | Days 14 | If less than one day — hr. — min.

9. Birthplace Wood County, Ohio,
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER
12. Name Jonas Edward Parmenter
13. Birthplace Massachusetts

MOTHER
14. Maiden Name MARRIAH KINGLEY
15. Birthplace New York

16 (a) Informant Mrs. A. Rhodes Knight
(b) Address 719 Evesham Ave

17 (a) REMOVAL (b) Date thereof 7/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SPRINGDALE
Location SPRINGDALE Ohio

18 (a) Funeral director WM. J. McKINNEY & SONS
(b) Address NORTH & Pa. AVES. BALTO, MD.

19 (a) JUL 8 - 1948 (Date rec'd by registrar) (b) Cemetery or Crematory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1948, at 11:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28th 1948 to July 6th 1948, and that I last saw h im alive on July 6th 1948

Immediate cause of death: Metastatic carcinoma of liver — Duration: 1 year
Due to: Source undetermined
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Chestnut M.D.
Address 6210 York Rd Date signed July 8th 1948

VS 150

G64811 GM. 15582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JUL 8 V 938

G64811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
3 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Baummer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan. 5 1881

8. AGE: Years 67 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Baummer
13. Birthplace MD.

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant Records Balto. City Hospital
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) JUL 8 - 1948 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 7- 1948, at 11.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7-1927, to 7- 7- 1948, and that I last saw him alive on 7-7- 1948

Immediate cause of death	Duration
Myocardial Infarction	1 hr.
Due to Coronary occlusion	1 hr.
Due to Arteriosclerotic Heart Disease	years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None Recently
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rush E. Netterville M. D.
Address Balt. City Hosp. Date signed 7-7-48

VS 150

X

G64812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G64812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 E. Oliver Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 E. Oliver Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH DAUTERICH

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry Dauterich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 17, 1856

8. AGE: Years	Months	Days	If less than one day
92	1	20	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: John Leonhardt
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine ?
15. Birthplace: Germany

16 (a) Informant: Mr. Jessie C. Dauterich
(b) Address: 4315 Schley Avenue - 8

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) July 8 - 1948 (Filed by registrar) (b) Huntington-Williamsburg, Md.

MEDICAL CERTIFICATION

3.50A

20. DATE OF DEATH: July 7, 1948 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1948 to 7-7- 1948, and that I last saw h[illegible] alive on 7-7- 1948:

Immediate cause of death	Duration
Coronary Thrombosis	24 hrs.
Due to Arteriosclerotic heart disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benj. B. Moore M. D. M. D.
Address: 448 N. Lafayette Ave. Date signed 7-7-48

VS 150

X

G64813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

G64813 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. City 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 E. 20th. ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Julia T. Lushbaugh (JULIA THERESA LUSHBAUGH)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1892

8. AGE: Years 56 | Months 5 | Days 17 | If less than one day: hr. 8 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Patrick Jennings
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Holland
15. Birthplace Ireland

16 (a) Informant Mrs. Nancy E. Doyle-sister
(b) Address 720 E. 20th. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Marvland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 8 - 1948 (Date received by registrar) (b) Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1948, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/4 1948, to 7/6 1948, and that I last saw her alive on 7/5 1948.

Immediate cause of death Congestive heart failure — Duration
Due to Aortic Insufficiency
Due to
Other Conditions Esophageal Varices & Sub-areolar Mammary Carcinoma
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard C. Hayden M. D.
Address Bon Secours Date signed 7-6-48

VS 150

G64814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G64814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
Haven Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Colonial Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Jane Fleagle

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Benjamin Fleagle, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1850

8. AGE: Years 98 | Months 5 | Days 8 9 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Harner
13. Birthplace Md.

MOTHER
14. Maiden Name Susanna Martin
15. Birthplace Md.

16 (a) Informant Mr. B. E. Fleagle
(b) Address 7 Cedarwood Rd., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Mayberry
Location Mayberry, Carroll Co., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JUL 8 1948 (Date received by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION 1.30

20. DATE OF DEATH July 6, 1948, at A. M

21. I certify that death occurred on the date above stated, that I attended deceased from 28 June 1948 to 6 July 1948, and that I last saw h[illegible] alive on 3 July 1948.

Immediate cause of death — Duration
Myocardial Degeneration
Due to A.S.C.V.D.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earle Royer, M.D.
Address 1 E. Ventnor Pl. Date signed 7/8/48

VS 150

G64815 — BALTIMORE CITY HEALTH DEPARTMENT — G64815

3C = F55678 — CERTIFICATE OF DEATH — 115c — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene St.
(c) Hospital or institution: University Hospital 25-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 Paca St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Burgess, Zelia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 9 1942
8. AGE: Years 5 | Months 10 | Days 24 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Walter Burgess
13. Birthplace South Carolina

MOTHER
14. Maiden Name Ella Brown
15 Birthplace Balto. Md.

16 (a) Informant Ella Burgess
(b) Address 2436 Paca Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 10 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Wallis B. Young Co.
(b) Address 134 W. Hamburg St.

JUL 8 - 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1948 to 7-6 1948 and that I last saw her alive on 7-6- 1948.

Immediate cause of death	Duration
Cardiac Failure c acute Dilatation	2
Due to Cause unknown	
Due to	
Other Conditions Hypertrophy of Tonsils Obesity (Include pregnancy within 3 months of death)	

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Niemann
Address Univ. Hosp. Date signed 7/7/48 M. D.

VS 159

95c

G64816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G64816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Monument St
(c) Hospital or institution: Sinai 27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4828 Wilem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Winokour

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 62 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant: Joseph Winokour
(b) Address: 4828 Wilem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Philadelphia Rd & Hamilton Ave

18 (a) Funeral director: Jack Levin Inc
(b) Address: 700 Eutaw Place

19 (a) JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1948, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1948, to 7/7 1948 and that I last saw her alive on 7/7 1948.

Immediate cause of death: Carcinomatosis — Duration: over

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Metastatic Ca of Liver. Ascites

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Marjorie Oxman M.D.
Address: Sinai Hosp Date signed 7/7/48

VS 150

G64817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91a

Registered No. G64817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Lexington St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 83 | Months | Days | If less than one day: hr. min.

9. Birthplace Northumberland Co Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Wonson
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Wonson
15. Birthplace Va

16 (a) Informant Florence Smith
(b) Address 524 Sandford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Port Va

18 (a) Funeral director Brooks
(b) Address 1463 N. Carey St

1948 JUL 8 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/48 1130 PM 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31/48 19 to 7/6/48 19, and that I last saw her alive on 7/1/48 19

Immediate cause of death Acute Acute Bacterial Endocarditis
Due to Local infection
Due to
Other Conditions Hypertension Congestive Bronchitis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Bartholow M. D.
Address 56 N. Carey St Date signed 7/7/48

VS 150

G64818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 No Calvert St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Bagby Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mrs. Janet Pollard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1866

8. AGE: Years	Months	Days	If less than one day
81	9	5	18 hr. 30 min.

9. Birthplace Virginia (NOT KNOWN HERE) (Town, county, and state)
10. Usual Occupation Retired lawyer.
11. Industry or business

FATHER
12. Name Alfred Bagby Sr. (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Ellen Pollard (D)
15 Birthplace Virginia

16 (a) Informant wife
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/48 (month) (day) (year)
(c) Cemetery or crematory Friends Cemetery
Location Harford Ave + 25th St.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1906 Eutaw Place

19 (a) July 8 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948 at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 6 1948 and that I last saw him alive on July 6 1948.

Immediate cause of death	Duration
Myocardial Infraction	3 Days
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Coy M.D.
Address Union Memorial Hosp. Date signed 7-6-48

G64819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G64819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home + Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. East St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Bernard Wychgram (Bernard J. Wychgram)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mrs. Josephine Wychgram
6 (c) If alive, give age Not known years

7. Birth date of deceased (mo., day, yr.) NOV. 23, 1863

8. AGE: Years 84 | Months 7 | Days 13 | If less than one day — hr. — min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business None

FATHER
12. Name Aaron Wychgram
13. Birthplace Germany

MOTHER
14. Maiden Name ~~Underscore~~ Ana Brands
15. Birthplace Germany

16 (a) Informant MR Ashby Wychgram (Son)
(b) Address 2515 Yorkway, Dundalk, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 9/48 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cem
Location Balto Md

18 (a) Funeral director Childs Henry Sons
(b) Address 1948 024 Orleans St

19 (a) JUL 8 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 July 1948, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948, to July 6 1948. and that I last saw him alive on 6 July 1948.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerosis Heart Disease

Due to Arteriosclerotic R. Middle Lobe

Other Conditions Fractured neck of femur
Cerebral concussion
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy Atelectasis, R. Middle Lobe

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 3, 1948 M
(c) Where did injury occur? 4 W. East Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fell downstairs inside home

23. Signature Lee M. Gaillard M. D.
Address Church Home Hosp Date signed 7-6-48

Howard J. Markey, M.D.

VS 15

G64820 22506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. G64820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 47 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Haupt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr) Oct. 18-1877

8. AGE: Years	Months	Days	If less than one day
70	8	18	hr. min.

9. Birthplace MD. Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August Haupt
13. Birthplace Germany

MOTHER
14. Maiden Name Kate Richards
15. Birthplace Germany

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave ,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 JUL 8 - 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 6- 19 48 at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 7 19 37 to 7- 6- 19 48, and that I last saw him alive on 7-6- 19 48

Immediate cause of death Bronchopneumonia, bilateral — Duration 7 days

Due to Organism undetermined

Due to

Other Conditions Arteriosclerotic Heart Disease - Arteriosclerotic Abdominal Aneurysm
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia, bilateral

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Steetzman M. D.
Address Balto. City Hosp. Date signed 7-7-48

VS 150

107

G64821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4317 Garrison Bl'vd
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4317 Garrison Bl'vd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis W. Stringer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma C. Stringer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1876

8. AGE: Years	Months	Days	If less than one day
71	11	26	hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)
10. Usual Occupation Retired Asst. Trainmaster
11. Industry or business B & O R R

FATHER
12. Name Thomas Stringer
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Haughey
15. Birthplace Maryland

16 (a) Informant Emma C. Stringer
(b) Address 4317 Garrison Bl'vd

17 (a) Burial (b) Date thereof July 10 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Harry A. Cunnock
(b) Address 4204 Ridgewood Ave

19 (a) JUL 8 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to 7/7 1948 and that I last saw he alive on 7/7 1948.

Immediate cause of death	Duration
Paralysis Hemorrhage	4 days
Due to Cerebral Thrombosis	
Due to Diabetes Mellitus High Blood Pressure	3 yr
Other Conditions Pleurisy	

(Include pregnancy within 3 months of death)

Date of operation X
Major findings of operation: X
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work? —
(Specify type of place)
(e) Means of injury X
23. Signature Dr. A. E. Hearn M. D.
Address 3901 Eastern Ave Date signed 7/8/48

VS 150

X

G64822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Violet Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Israel
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15 Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Co
(b) Address 2100 Eutaw Place

19 (a) Embalmed by registrant

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/48 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/1948 to 7/8/1948, and that I last saw h.[illegible] alive on 7/8/1948.

Immediate cause of death	Duration
Heart failure	
Due to: Coronary heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Harrison M.D.
Address [illegible] Hosp Date signed 7/8/48

VS 159

X

G64823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √123

G64823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 W. Lombard ST (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Margaret M. Uhlhorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank E. Uhlhorn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 20, 1893

8. AGE: Years	Months	Days	If less than one day
55	7	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Martin Arnold
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Unknown
15. Birthplace Germany

16 (a) Informant Mrs Cavalere
(b) Address 1134 W. Lombard St.

17 (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St

19 (a) (b) Registrar
Date rec'd Dec 8 1948

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 July 1948 1948, at 2.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 July 1948, to 7 July 1948, and that I last saw her alive on 7 July 1948.

Immediate cause of death	Duration
Probably - cerebral embolism	
Due to Mitral heart insufficiency	
Due to Probably rheumatic fever	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6 July 1948
Major findings of operation: Pneumonia, carcinoma of ascending colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.T. McGoogan M. D.
Address Md. Gen. Hospital Date signed 7 July 48

G64824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

G64824
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Green
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 462 Park Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1929.

8. AGE: Years 18 | Months 10 | Days 14. | If less than one day ... hr. ... min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual Occupation Student (School)

11. Industry or business

FATHER
12. Name John L. Smith Jr.
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name Myrtle D. Benson
15. Birthplace Mint Spring. Va.

16 (a) Informant John C. Smith Jr.
(b) Address 462 Park Place, Hagerstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1948 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18 (a) Funeral director Fred W. Kriss
(b) Address Hagerstown, Md.

19 (a) Date received by registrar ... Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 6:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1948, to 7-6 1948, and that I last saw him alive on 7-6 1948.

Immediate cause of death: Respiratory Failure — Duration

Due to: Torula meningo-encephalitis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Torula meningoencephalitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Halloway M. D.
Address University Hospital Date signed 7-3-48

VS 150

G64825

BC - C 45958 20876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64825

Registered No. 7883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Emory
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April -21-1946

8. AGE: Years	Months	Days	If less than one day
2	2	16	hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Harris
13. Birthplace S.C.

MOTHER
14. Maiden Name Florence Bayer
15. Birthplace MD.

16 (a) Informant Records Balto. City. Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 8-196 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7- 1948, at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-1948 to 7-7-1948, and that I last saw h. in alive on 7-7-1948

Immediate cause of death ~~Lead encephalopathy~~ Poisoning due to lead — Duration 4 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William P. Kean M. D.
Address Baltimore City Hosp. Date signed 7-7-48

VS 150

X

Write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that all items are supplied. The

G64826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G64826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1645 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 N. Milton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. Avaet

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Mary Avaet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1858

8. AGE: Years	Months	Days	If less than one day
90	4	2	hr. min.

9. Birthplace Westminster, Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Ferdinand Avaet
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William J Avaet
(b) Address 4418 Beecher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto Co

18 (a) Funeral director John C. Miller Son
(b) Address 2495 E. Lanvale St

19 (a) JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 4 am M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948, to July 6 1948, and that I last saw him alive on July 5 1948

Immediate cause of death	Duration
Bronchopneumonia	2d.
Warmen	3d
Due to Chronic Arterio Sclerosis	14yr.
Hypertension	14yr
Due to Chr. Interstitial Nephritis	14yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. F. A. Stevens M. D.
Address 2918 Harford Rd Date signed 7-6-48

V S 150

G64827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

Registered No. G64827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Road + Herring Run
(c) Hospital or institution Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Pearl St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Tela Russell Fleming

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-45

8. AGE: Years	Months	Days	If less than one day
2	8	5	hr. min.

9. Birthplace Chicago, Cook, Ill. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Clyde Curtis Fleming
13. Birthplace Pineland, Texas

MOTHER
14. Maiden Name Alene Pastorino
15. Birthplace Billings, Montana

16 (a) Informant mother + father
(b) Address 22 N. Pearl St

17 (a) [illegible]moval (b) Date thereof 7/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Hillsboro, Md.

18 (a) Funeral director Barton Bros.
(b) Address Centreville, Md.

19 (a) [illegible] Registered by registrar 8 [illegible] Washington Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1948, to 7-7 1948, and that I last saw her alive on 7-7 1948

Immediate cause of death	Duration
acidosis and dehydration	
Due to Measles	
Due to 0	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith D. Porter M. D.
Address Sydenham Hospital Date signed 7-7-48

V S 150

G64828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 S. Harrison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Harrison St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Henry Applegarth

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 213-03-6721

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elsie Applegarth
6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1886

8. AGE: Years 59 | Months 7 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (town, county, and state)
10. Usual Occupation Floor Man
11. Industry or business Whitaker Paper Co.

FATHER
12. Name Robert Henry Applegarth
13. Birthplace Maryland

MOTHER
14. Maiden Name Annabelle Stanley
15. Birthplace Maryland

16 (a) Informant Elsie Applegarth
(b) Address 207 S. Harrison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schumb
(b) Address 2101 Frederick Ave.

19 JUL 8 - 1948 (Date rec'd by registrar) (b) Huntington for Wm. Ballentine, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 48 to 7/8 19 48 and that I last saw h alive on 7/8 19 48

Immediate cause of death: Hypertension cardio vascular disease — Duration: 6 months

Due to:

Due to:

Other Conditions: Cerebral Hemorrhage — 1 day

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Virginia Wilson M. D.
Address 1010 Wilkens ave Date signed 7/8/48

VS 150

G64829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G64829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wagner St. & Dukeland Ave
(c) Hospital or institution:
West Baltimore General Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto:
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5517 Edna Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pappas ~~Pappas~~ Kalliopee K.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Kleanthes Pappas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11-1893

8. AGE: Years	Months	Days	If less than one day
54	10	26	hr. min.

9. Birthplace Turkey
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sarri
13. Birthplace Turkey

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Thalia Ford
(b) Address 5517 - Edna Ave.

17 (a) Burial (b) Date thereof July 10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Hill Park
Location Woodlawn Md.

18 (a) Funeral director Sambros Funeral Home Inc.
(b) Address 440 - E. North Ave.

19 (a) 7-8-1948 (b) Arthur Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1948 to 7-7 1948, and that I last saw h e r alive on 7-7 1948

Immediate cause of death	Duration
Cerebro-vascular hemorrhage	
Due to Hypertension Cardio-Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Subarachnoid hemorrhage at base
of autopsy: 9 hours 4 right hemiplegia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Katharine V. Kemp M. D.
Address West Balto. General Hosp. Date signed July 7 1948

VS 159

X

G64830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 S. Collins Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Leon Wellstood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hilda E. Wellstood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/10/88

8. AGE: Years	Months	Days	If less than one day
60	5	28	hr. min.

9. Birthplace New York - Hornell - (Town, county, and state)
10. Usual Occupation Golf Pro Keeper
11. Industry or business

FATHER
12. Name Clement Stewart
13. Birthplace Indeterminate

MOTHER
14. Maiden Name Adaline E. Ingalls
15. Birthplace Hornell - N.Y.

16 (a) Informant Estella F. Davis
(b) Address Army Chemical Center Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto - Md.

18 (a) Funeral director Mamie Cook Lyles
(b) Address 600 - N. North Ave

19 (a) 7-10-1948 (b) Date rec'd by registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1948 at 11:58 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1948 to 7-7 1948, and that I last saw h~~im~~ alive on 7-7 1948

Immediate cause of death	Duration
Acute Congestive Failure of Heart	6 hrs.
Due to Pulmonary Edema	8 hrs.
Due to Coronary Thrombosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard C. Hayden M. D.
Address Bon Secours Hosp Date signed 7-8-48

G64831 G64831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 E. North Avenue
(c) Hospital or institution:

12 + 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 88 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 E. North Avenue
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ---------

3 (a) FULL NAME John E. Wallace

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie Hancock
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1860

8. AGE: Years	Months	Days	If less than one day
88	4	14	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Insurance
11. Industry or business Broker

FATHER
12. Name William A. Wallace
13. Birthplace Maryland

MOTHER
14. Maiden Name Cecelia Smyrk
15. Birthplace Maryland

16 (a) Informant Mrs. Elsie H. Wallace
(b) Address 309 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) ----- (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 2.15A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1947 to July 6 1948, and that I last saw him alive on June 2 1948.

Immediate cause of death	Duration
Myocardial Failure	
Due to Generalized arteriosclerosis	
Cyphotisme C.V. Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John F. Callahan M. D.
Address 420 Wilkens Ave Date signed 7/8/48

X

G64832 Moss. G64832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 908 E. Sharp St
(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 E. Sharp St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Benjamin Moss

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Althea Moss
6 (c) If [illegible]

7. Birth date of deceased (mo., day, yr.) 6 3 80

8. AGE: Years 68 | Months — | Days — | If less than one day hr. — min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Moss
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Mackey
15. Birthplace Va

16. (a) Informant Althea Moss
(b) Address 510 Pine St

17 (a) Removal (b) Date thereof 7/8/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory —
Location Emporia Va

18 (a) Funeral director Leland L Brown Son
(b) Address 1078 W Montgomery St

19 (a) [illegible] 1948 (b) Washington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1948, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/25 1948 to 7/7/48 1948.
and that I last saw h[illegible] alive on 7/3/48 1948.

Immediate cause of death — Duration

Due to Chronic Valvular Heart Disease 6 weeks

Due to —

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify home or place)
(e) Means of injury —

23. Signature Lunsford D Polton M.D.
Address 908 E. Sharp St Signed 7/8/48

VS 150

G64833
43-120715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G64833
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 or 6mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
800 S. Bond
(d) Street No. 100 Bank Street ?
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Nickotti Or Markowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 4- 1884

8. AGE: Years 63 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace ? Poland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Mike ?
13. Birthplace ? Poland

MOTHER
14. Maiden Name Alego ?
15. Birthplace ? Poland

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 7/9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Casimirs
Location Shenandoah Pa.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 9 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 198

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1- 1948, at 1.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24- 1948, to 7-1 1948, and that I last saw h im alive on 7-1- 1948

Immediate cause of death Pneumonia Coronal Thrombosis
pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Vickers M.D.
Address Balto City Hosp Date signed 7-2-48

64834

BALTIMORE CITY HEALTH DEPARTMENT X 1498

CERTIFICATE OF DEATH

Registered No. 64834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County York
(c) City or town Fawn Grove
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Coner Thomas - 48-12845

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (g) Single, married, widowed, or divorced.
F	W	Married.

6 (b) Name of husband or wife Eugene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/25

8. AGE: Years	Months	Days	If less than one day
23	22	13	18 hr. min.

9. Birthplace Grantdale, Virginia (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Charlie Coner -
13. Birthplace Virginia

MOTHER
14. Maiden Name May Blevins
15. Birthplace Virginia

16 (a) Informant Charlie Conner
(b) Address Norrisville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/48 (month) (day) (year)
(c) Cemetery or crematory Sharon Md
Location Forest Hill Md

18 (a) Funeral director H Howard Webb
(b) Address Fawn Grove Pa

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1948, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/4 1948, to 7/8 1948, and that I last saw her alive on 7/8 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Pulmonary edema	
Due to	
Other Conditions Cesarean Section P.O.S. (Include pregnancy within 3 months of death)	

Date of operation 7/8/48
Major findings of operation: Term Pregnancy
of autopsy: Pulmonary edema

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Christhilf Jr. M.D.
Address Franklin Square Hosp. Date signed 7/8/48

VS 15)

4835

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 937

Registered No. 64835

1. PLACE OF DEATH: CALVERT + SARATOGA STS, BALTIMORE,
(a) Baltimore City, Maryland MARYLAND
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED: St. Mary's
(a) State MD (b) County Hollywood
(c) City or town Hollywood (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) NO
If yes, name country

3 (a) FULL NAME JOSEPH W. NORRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) MAR 4, 1869

8. AGE: Years	Months	Days	If less than one day
79	3	28	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JAMES NORRIS
13. Birthplace MD

MOTHER
14. Maiden Name CATHERINE MATTENBY
15 Birthplace MD

16 (a) Informant
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (month) (day) (year)
(c) Cemetery or crematory ST JOHNS
Location HOLLYWOOD MD.

18 (a) Funeral director W. B. Mattingley Sons
(b) Address Leonardtown, Md.

19 (a) JUL 9 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 July 1948, at 320 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4 July 1948 to 9 July 1948 and that I last saw h~~im~~er alive on 9 July 1948.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 5 years
Due to
Due to
Other Conditions Uremia — 1 week
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Ferrie M. D.
Address c/o Mercy Hosp. Date signed July 9 1948

VS 150

G64836

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 47c

G64836
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Francis Ave. (If rural give location) Relay Md.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William J. ~~Dukehart~~ DUKEHART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Goldie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1881

8. AGE: Years	Months	Days	If less than one day
67 yrs.	4.	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Ret. Brass Molder
11. Industry or business B+O R.R.

FATHER
12. Name George Dukehart
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline King
15. Birthplace Md.

16 (a) Informant Mrs Goldie Dukehart
(b) Address 1214 Francis Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore - Md.

18 (a) Funeral director Geo. L. Berger Jr
(b) Address 512 Hollins St

19 JUL 9 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/48 19 , at 6 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/6 1948 to 7/8 1948 and that I last saw him alive on 7/8 1948.

Immediate cause of death	Duration
Pulmonary Effusion	
Due to Bronchogenic Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Shaw M.D.
Address St. Agnes Hosp Date signed 7/9/48

Write the causes of death clearly and legibly. The information requested is necessary for the compilation of vital statistics.

G64837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 W. Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 W. Belvedere Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George NicKum

3 (b) If veteran, name war: W. W. #1

3 (c) Social Security Account No. 212-09-5078

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Margaret NicKum

6 (c) If alive, give age ~~and~~ years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1889

8. AGE: Years 58 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Guard

11. Industry or business American Can Co.

FATHER
12. Name Alonzo NicKum
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida Englebright
15. Birthplace Balto. Md.

16 (a) Informant Margaret NicKum
(b) Address 4015 W. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1367 St. Paul St.

19 (a) JUL 9 - 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1948, at 3 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 7 1948, and that I last saw him alive on July 7 1948

Immediate cause of death	Duration
Coronary thrombosis	1 Day
Due to Arteriosclerotic C.V. disease	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Date signed July 9 1948

V S 150

G64838 JL - 121057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 117
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 E. Mt. Vernon Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Braden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 5, 1888 (1889)

8. AGE: Years	Months	Days	If less than one day
65 (58)	10	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Accounting
11. Industry or business Eastern Rolling Mills

FATHER
12. Name George Braden
13. Birthplace Md.

MOTHER
14. Maiden Name (Hollis) Anna E. Garrity
15. Birthplace ? Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

19 (a) JUL 9 - 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 11.44 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1948, to July 7 1948. and that I last saw him alive on July 7 1948.

	Duration
Immediate cause of death: Ventricular Hemorrhage of Brain	10 hr.
Due to: Hypertensive - arteriosclerotic cardio-vascular disease	7 yr.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Stutzman M. D.
Address Balto. City Hospital Date signed 7-8-48

VS 150

G64839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-937

G64839 Registered No.

GM . 43576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Bethel ST. (If rural give location)
(e) Citizen of foreign country? S (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Mikoloyczyk Or Mikolajczyk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Marie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May- 12- 1873

8. AGE: Years	Months	Days	If less than one day
75	1	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Adam (D)
13. Birthplace Poland

MOTHER
14. Maiden Name Frances (D) ?
15. Birthplace Poland

16 (a) Informant Records B lto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Loch Raven Blvd

18 (a) Funeral director Taylor Bros
(b) Address 1318 Light St

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar)

JUL 9 - 1948

US 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 4 - 1948 at 7.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4- 6 - 1939 to 7- 4 - 1948 and that I last saw h lm alive on 7- 4 - 1948

Immediate cause of death Bronchopneumonia — Duration 6 weeks

Due to ARTERIO sclerotic Heart Disease ? ?

Due to

Other Conditions ARTERIOSCLEROTIC PARKINSONISM ?
(Include pregnancy within 3 months of death)

Date of operation NONE DONE

Major findings of operation:

of autopsy: NONE DONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David D. Marine M. D.
Address 4940 Eastern Ave. Date signed

X

64840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 64840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20a
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Parrish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 38 | Months 10 | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Barrett
13. Birthplace unknown

MOTHER
14. Maiden Name Minnie Stevenson
15. Birthplace unknown

16 (a) Informant Minnie Stevenson
(b) Address 1126 N. Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. Co. Md.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Mount St. Inc.

19 JUL 9 - 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948; at 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Acute Fibroid Tuberculosis

Due to

Other Conditions Edema + Congestion of Lungs + cloudy swelling of other Organs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mellis M.D. Medical Examiner.
Date signed 7-6-48

VS 151

G64841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

Registered No. G64841

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert St.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3330 Sunter Ave
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Nathan Isaac Kobin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Florence Kobin

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) 9/5/1899

8. AGE: Years	Months	Days	If less than one day
48	10	3	8 hr. 5 min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Foreign Proof Editor.

11. Industry or business

FATHER

12. Name Joseph Kobin

13. Birthplace Russia

MOTHER

14. Maiden Name Ray ?

15 Birthplace Russia

16 (a) Informant Florence Kobin

(b) Address 3330 Sumter Ave

17 (a) Buried (b) Date thereof 7-9-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel

Location

18 (a) Funeral director Jack Levy Inc

(b) Address 200 Eutaw Place

19 (a) 7-9-1948 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948 at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1948 to July 8 1948, and that I last saw him alive on July 8 1948

	Duration
Immediate cause of death Carcinomatosis	2 yrs 6 mos
Due to Carcinoma of Rectum	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. T. Coy M.D.

Address Univ. Memorial Hospital Date signed 7-8-48

VS 150

G64842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. G64842 36972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Schroeder St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Schroeder St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abner Lockett

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-14-5458

4. Sex Male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mrs. Annie Lockett

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr) May 2, 1894

8. AGE: Years 54 | Months 2 | Days — | If less than one day hr. 1 min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Annie Lockett
(b) Address 21 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Halsted

18 (a) Funeral director A. Reid Hill
(b) Address 918 N. Eutaw St

19 (a) JUL 9 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1948, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4- 1948, to 7-2- 1948, and that I last saw him alive on 7-1- 1948.

Immediate cause of death Myocarditis — Duration 6 mo.

Due to

Due to

Other Conditions Hypertension arthritis — 6 mo.
(Include pregnancy within 3 months of death).

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Saunders M. D.
Address 024 N. Stricker Date signed 7-2-48

VS 150

64843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 455 St. Mary's St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Amos B. PRICE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? ? 1882

8. AGE: Years 66 | Months 6 mos | Days | If less than one day ..... hr. ..... min.

9. Birthplace Jamaica. ?
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace Jamaica

MOTHER
14. Maiden Name ?
15. Birthplace Jamaica

16 (a) Informant Penny Butler
(b) Address 986 - Union Ave Bronx N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary,

Location W. Halstead

18 (a) Funeral director 918 - Druid Hill Ave.

(b) Address .....

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/1948 at 1:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Ing. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to.....

Other Conditions Hypertension (history)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/6/48

VS 151

Please write plainly and legibly. Use ink. Do not use lead pencil. Answer questions on certificate of death clearly and legibly.

64844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. 64844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 Moore St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Henry Teasley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 2 1913

8. AGE: Years 34 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace N. C.

MOTHER
14. Maiden Name ?
15. Birthplace N. C.

16 (a) Informant Mary E. Teasley
(b) Address 719 E Eutaw St.

17 (a) Burial (b) Date thereof 7/12/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location .....

18 (a) Funeral director A. Halstead
(b) Address 918 [illegible] Ave

19 (a) JUL 9 - 1948 (b) .....
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/1948 at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shotwound of Heart

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 3:30 P.M. 7/3/48
(b) Where did injury occur? 433 Moore Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Sharp Instrument

23. Signature [signature] M.D.
Medical Examiner.
Date signed 7/9/48

G64845 Nettie

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No. G64845

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 822 N. Carrollton Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3 (a) FULL NAME Nettie Johnson Bennett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1884

8. AGE: Years	Months	Days	If less than one day
64	3 2	?	— hr. — min.

9. Birthplace Howard County, Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name John Bennett

13. Birthplace Howard Co. Md.

MOTHER

14. Maiden Name Annie Johnson

15. Birthplace Howard Co. Md.

16 (a) Informant Patient (Father, mother, husband, wife, son, daughter, friend, etc.)

(b) Address 822 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (month) (day) (year)

(c) Cemetery or crematory Eutaw's Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Frances H. Hensley

(b) Address 578 W. Biddle St

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-48 1948, at 1:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1948 to 7-7 1948 and that I last saw h[illegible] alive on 7-7 1948.

Immediate cause of death: Renal failure	Duration
Due to: Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury

23. Signature H. Brown M. D.

Address Provident Hospital Date signed 7-7-48

VS 150

Please write the causes of death clearly and legibly. The

G64846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64846

Type or print plainly with pen or pencil. Use black ink. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Gwynns Falls Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Gwynns Falls Pkwy.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank aka Heydenreich. (Heydonreich)
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married.
6 (b) Name of ~~husband~~ or wife Clara E. Heydonreich
Heydenreich.
6 (c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr) Sept 21-1869
8. AGE: Years 78 Months 9 Days 16 If less than one day hr. min.
9. Birthplace Baltimore - Md (Town, county, and state)
10. Usual Occupation Retired - Cabinet Maker
11. Industry or business

FATHER
12. Name Emil Heydenreich
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Yost
15. Birthplace Germany

16 (a) Informant Mrs Clara Heydenreich
(b) Address 3413 Gwynns Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) [illegible] 1948 (Date received by registrar) (b) Interment Witness

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 11.30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1948 to July 7 1948 and that I last saw h~~im~~/~~her~~ alive on July 6 1948.

Immediate cause of death Cardio-Vascular-Renal Disease & Hypertension — Duration ?
Due to
Due to
Other Conditions Cerebral Arteriosclerosis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Charles L Warner M.D.
Address 421 Med. Arts Bldg. Date signed 7/11/48

VS 150

64847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. 64847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2841 ST. PAUL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 ST. PAUL ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER K. WALL

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife BESSIE E. WALL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 6, 1880

8. AGE: Years 67 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace PETERSBURG, VA.
(Town, county and state)

10. Usual Occupation RETIRED - ADVERTISING

11. Industry or business SUN.

FATHER
12. Name ALEXANDRIA WALL
13. Birthplace Va.

MOTHER
14. Maiden Name IDA CLEMENTS
15. Birthplace Va.

16 (a) Informant MRS. BESSIE K. WALL
(b) Address 2841 ST. PAUL ST

17 (a) BURIAL (b) Date thereof 7/9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ LOUDON PARK
Location BALTO. MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO, MD.

19 (a) JUL 9 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1946 to July 7 1948
and that I last saw h[illegible] alive on July 7 1948.

Immediate cause of death: Carcinoma Duodenum
Due to: Primary Carcinoma Pancreas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 6 mo | 5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert M. Frates M. D.
Address 2124 St. Paul St. Date signed July 8, 1948

VS 153

G64848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122a

Registered No. G64848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6226 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIA E. YATES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1845

8. AGE: Years	Months	Days	If less than one day
102	11	30	hr. min.

9. Birthplace Bare Hill - Balto. Co. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Matthew Yates
13. Birthplace Bare Hill - Balto. Co. Md

MOTHER
14. Maiden Name Mary E. Scott
15. Birthplace Bare Hill - Balto. Co. Md

16 (a) Informant Annie A. Hill
(b) Address 6226 Falls Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1948 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Baltimore, Md

18 (a) Funeral director Chas. H. Hulland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) (b) Courtney Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5 1948 at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1948 to 7/5 1948 and that I last saw her alive on 7/4 1948

Immediate cause of death Heart Failure — Duration 3 days.

Due to Congestive Heart Failure

Due to Incarcerated Umbilical Hernia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter J. Cochran M.D.
Address 1514 Division St Date signed 7/6/1948

VS 150

G64849

BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. G64849

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2553 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2553 Madison Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Johnson Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1880

8. AGE: Years 67 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Lucien Johnson

13. Birthplace Virginia

MOTHER 14. Maiden Name Caroline Potter

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mildred Jones Seabolt

(b) Address 2553 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Maryland

18 (a) Funeral director Mrs. Lee A. Holland

(b) Address 1435 Druid Hill Ave.

19 (a) JUL 9 1948 (b) Lexington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1948 at 5 20/77 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1940 to 7/6 1948
and that I last saw her alive on 7/4 1948

Immediate cause of death hypertensive cardio-renal disease (uremia) — Duration s.e.v. years

Due to

Due to

Other Conditions glaucoma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature RAYNER BROWNE, M. D. M. D.
Address 1508 EAST MADISON ST. Date signed 7-8-48
BALTIMORE 5, MD.

664850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 664850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 Druid Hill ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 643 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George H. Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mary deceased | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10, 187x

8. AGE: Years 73 | Months 8 | Days 27 | If less than one day 38 hr. min.

9. Birthplace Charles Co, Md
(Town, county, and state)

10. Usual Occupation Horse

11. Industry or business

FATHER 12. Name Hanson Bell
13. Birthplace Chas Co Md

MOTHER 14. Maiden Name Hannie Proctor
15. Birthplace Chas. Co, Md

16 (a) Informant Mrs Laura Baker
(b) Address 643 Druid Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1945 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Dist
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) 9 - 1945 (Date rec'd by registrar) Washington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1945, to July 8 1945, and that I last saw him alive on July 4 1945.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edw Fisher M.D.
Address E. Monument St Date signed July 8 1945

VS 150

X

G64851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64851

1. PLACE OF DEATH:

(a) Baltimore City, Maryland St. Elizabeth's Home

(b) Street address 3725 Ellerslie Avenue

(c) Hospital or institution:

St. Elizabeth's Home 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) About 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3725 Ellerslie ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sister Mary Crescentia Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1873

8. AGE: Years	Months	Days	If less than one day
74 75	11	7	hr. min.

9. Birthplace Harrison, N. J. (Town, county, and state)

10. Usual Occupation Sister

11. Industry or business Religious

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden Name unknown

15. Birthplace "

16 (a) Informant Superior of St. Elizabeth's

(b) Address 3725 Ellerslie Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1948 (month) (day) (year)

(c) Cemetery or crematory St Elizabeths Home

Location Ellerslie Ave Balto Md

18 (a) Funeral director Henry W. Jenkins & Bro

(b) Address McCaffrey & Orchard Sts 4935 York Rd

19 JUL 9 - 1948 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 July 1948, at 7:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1947 to July 7 1948 and that I last saw her alive on 5 July 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr.
Due to Hypertensive Arterio-sclerotic Cardio-Vascular Disease	5 yrs
Due to	
Other Conditions Pernicious Anemia	2 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. H. Kane Jr. M.D.

Address 501 Sheridan Ave. Date signed 7/8/1948

VS 150

G64852

BALTIMORE CITY HEALTH DEPARTMENT X 937 ✓

CERTIFICATE OF DEATH

Registered No. G64852

Type or print plainly in ink. Fill in all items. Report cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Talbott St,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Tappahannock
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Lee Brooks.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) Jany 1876

8. AGE: Years 72 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Tappahannock, Va (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Robert L. Billings
(b) Address 6 Talbott St, Brooklyn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1948 (month) (day) (year)
(c) Cemetery or crematory Tappahannock
Location

18 (a) Funeral director John O. Mitchell Home Inc
(b) Address 1908 Eutaw Place

19 (a) JUL 9 - 1948 (Date rec'd by registrar) Thomas for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948 to July 9 1948.
and that I last saw [illegible] alive on July 8 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to Hypertensive Cardio-Vascular Disease
Due to Arterio-Sclerosis
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Lukin M.D.
Address 320 Rappahannock Ave Date signed M/D 7/9/48

VS 150

G64853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G64853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504-N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 504-N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY-H-JONES, SR.

3 (b) If veteran, name war World War-1.

3 (c) Social Security Account No. 219-01-6337

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Mrs. Flossie A. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-16-1889.

8. AGE: Years 58 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore. Md. (Town, county, and state)

10. Usual Occupation Interior Decorator.

11. Industry or business O'neills Dept Store.

FATHER
12. Name John P. Jones.
13. Birthplace Alexander Va.

MOTHER
14. Maiden Name Annie A. Watts.
15. Birthplace Baltimore. Md.

16 (a) Informant Mrs. Flossie A. Jones.
(b) Address 504-N. Payson St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July-10-48. (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Baltimore-Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 3512-Frederick Ave.

19 (a) JUL 9 1948 (Date filed by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th; 1948, at 1.10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April, 1947, to 8 July 1948, and that I last saw h. alive on 8 July 1948.

Immediate cause of death Cerebral Hemorrhage — Duration 15 min

Due to Hypertension — Duration

Arteriosclerosis, generalized — Duration

Due to — Duration

Other Conditions Cardiac Hypertrophy — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Baylus M. D.

Address 1600 Wilkens Ave Date signed 9 July 48

V S 150

X

G64854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G64854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road.
(c) Hospital or institution: Ashburton Nursing Home. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ashburton Nursing Home.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME REBECCA RICE MILLER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Moses Miller.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 186[illegible].

8. AGE: Years	Months	Days	If less than one day
80	10	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Rice,
13. Birthplace Belgium.

MOTHER
14. Maiden Name Calma Freudenberg,
15. Birthplace Germany.

16 (a) Informant Mrs. A. Herman Siskind,
(b) Address New Sheffield Apts.

17 (a) Burial (b) Date thereof 7/9/48.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 1902 Eutaw Place.

19 (a) [illegible] 1948 (b) Funeral Home, Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th. 1948, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1945 to 7-7 1948, and that I last saw h[illegible] alive on 7-7 1948.

Immediate cause of death	Duration
Diabetes	
Arteriosclerotic Gangrene	years
Due to Cardiac insuf	
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard J. Cohen M. D.
Address Marlborough Apts. Date signed

VS 150

Please write the causes of death clearly and legibly. The spaces provided are sufficient for the causes usually supplied. Physicians: please write the

G64855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G64855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Streets
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6101 Fairdel Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. WALTER ROGER HOPKIN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Mrs. Mary Agnes Hopkin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-1882

8. AGE: Years 65 | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Restaurant & retired

11. Industry or business

FATHER
12. Name Mr Walter Hopkin
13. Birthplace

MOTHER
14. Maiden Name Catherine ?
15 Birthplace

16 (a) Informant Mrs. Mary Agnes Hopkin
(b) Address 6101 Fairdel Ave Balto.

17 (a) Burial (b) Date thereof July 12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director Uhlmt Funeral Home
(b) Address 2008 Orleans St

19 (a) JUL 9 - 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1948, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1948 to 7-8 1948 and that I last saw h.i.M alive on 7-8 1948

Immediate cause of death malnutrition — Duration

Due to Esophagealobstruction.

Due to ?recurrent gastric malignancy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 11, 1944

Major findings of operation: Carcinoma of the stomach

of autopsy: at liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred Mascuch Jr. M. D.

Address 211 East 33rd St. Date signed 7-8-48

VS 150

X

BC- 48-14006 ✓

G64856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G64856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Union Memorial Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 31 22 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Elm ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Girl Routzahn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-48

8. AGE: Years	Months	Days	If less than one day
—	—	1	7 hr. 22 min.

9. Birthplace Baltimore md
(Town, county, and state)
10. Usual Occupation.....
11. Industry or business

FATHER
12. Name Orris Marion Staley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Margaret Routzahn
15. Birthplace Maryland

16 (a) Informant mother
(b) Address 311 Elm ave

17 (a)..... (b) Date thereof 7-7-48
(Burial, cremation, entombment) (month) (day) (year)
(c) Cemetery or crematory.....
Location Union Memorial Hospital

18 (a) Funeral director.....
(b) Address.....

19 (a) JUL 9 - 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1948 to 7/7 1948 and that I last saw her alive on 7/7 1948

Immediate cause of death	Duration
Atelectasis	
Prematurity	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature E B Chambers M. D.
Address Lemmon Terrace Date signed 7/8/48

VS 159

X

G64857 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64857

CERTIFICATE OF DEATH 61

Registered No.

Please write clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 No. Newberry St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert Oscar Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Robert O. Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1895

8. AGE: Years	Months	Days	If less than one day
52	7	8	17 hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Realtor
11. Industry or business

FATHER
12. Name Harry Myers
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Smith
15 Birthplace Pennsylvania

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) Removal (b) Date thereof 7/9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Pa.

18 (a) Funeral director Wm Cook Inc
(b) Address 12-17 S. Paul St.

19 (a) JUL 9 - 1948 (b) Huntington Williamson, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948, to July 8 1948, and that I last saw him alive on July 8 1948

Immediate cause of death	Duration
Shock of	
Coronary thrombosis origin	12 hrs
Due to Old myocardial infarction	
Due to	
Other Conditions Diabetes Mellitus, mild.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: An abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Smith Jr. M.D.
Address Union Memorial Hosp. Date signed 7/9/48

94a

64858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93E

Registered No. G64858 98

Type or print plainly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) over 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Strucker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** George Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Emma Wallace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1894

8. AGE: Years	Months	Days	If less than one day
54	4	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Stefus Wallace
13. Birthplace Md

MOTHER
14. Maiden Name Dorcus White
15. Birthplace

16 (a) Informant Emma Wallace
(b) Address 1040 Strucker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St
JUL 9 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1948 to 7-7 1948.
and that I last saw him alive on 7-6 1948.

Immediate cause of death	Duration
Myocarditis	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 n. Strucker Date signed 7-9-48

VS 153

X

G64859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$2 ✓

Registered No. G64859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Baylis Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Baylis Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KARL GURN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1883

8. AGE: Years	Months	Days	If less than one day
64	8	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frederick Gurn
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Bager
15. Birthplace Germany

16 (a) Informant Miss Johanna Gurn - sister
(b) Address 1008 Baylis Street-24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (month) (day) (year)
(c) Cemetery or crematory First Evangelical
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

JUL 9 - 1948 (Date rec'd by registrar) Standing for Williams

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948 19..., at ... M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948 to July 6 1948, and that I last saw h.. alive on July 6 19 48.

Immediate cause of death	Duration
Arteriosclerosis	1948
Myocarditis	1948
Due to Paraplegia- Sphincter a	1883
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Faulkner M. D.
Address 342 Cathedral Date signed July 8-48

X

G64860

J.L.-118940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

Registered No. 5500

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave .

(c) Hospital or institution: Baltimore City Hospitals 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1001 Brantley Ave.-17
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George W. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-10-0626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1903

8. AGE: Years	Months	Days	If less than one day
44	9	14	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation Chemist helper

11. Industry or business Westinghouse Co.

FATHER
12. Name Abraham Russell
13. Birthplace Md.

MOTHER
14. Maiden Name Ruby West
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Arbutus, Balto. Co. Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave.

19 (a) Thurlington Williams Registrar
(Date rec'd by registrar)

JUL 9 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1948 to July 6, 1948, and that I last saw him alive on July 6, 1948

Immediate cause of death Pulmonary Embolus — Duration

Due to Thrombo phlebitis 1 leg

Due to

Other Conditions Carcinoma, Rt Lung
(Include pregnancy within 3 months of death)

Date of operation 6-25-48

Major findings of operation: Anaplasia Carcinoma, Lung.

of autopsy: Gross

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wayne A Pickrell M. D.

Address Baltimore City Hos. Date signed 7-6-48

G64861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127B

Registered No. G64861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Balto., Mercy Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto. 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Thomas Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-0624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife CATHERINE F. BROWN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 27 1873

8. AGE: Years	Months	Days	If less than one day
75	1	16	hr. min.

9. Birthplace NEW YORK
(Town, county, and state)
10. Usual Occupation Balto. Transit Retired
11. Industry or business MOTORMAN

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace Unknown

16 (a) Informant MRS. RICHARD E. SLATER
(b) Address 610 LINNARD ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn, Md.

18 (a) Funeral director Wm J. Tierney & Son
(b) Address Natl. Bk.

19 (a) Date rec'd by registrar 7-9 1948 (b) Signature of registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1948, at 6:35 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from June 22 1948, to 7/8 1948, and that I last saw him alive on 7/8 1948

Immediate cause of death: Myocardial Insufficiency — Duration 2 hours
Due to Arteriosclerosis
Due to
Other Conditions Bronchopneumonia, Dangerous Gall Bladder
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: (See above)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Brown
Address Mercy Hosp. Date signed 7/8/48

VS 150

93D

G64862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G64862
Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Annapolis Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Muhl

3 (b) If veteran, name war None
3 (c) Social Security Account No. 216-03-9302

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	M.

6 (b) Name of husband or wife Annie C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/24/1876

8. AGE: Years	Months	Days	If less than one day
71	8	15	hr. min.

9. Birthplace BALTO., MD (Town, county, and state)
10. Usual Occupation SUPT. - ROOFING DEPT.
11. Industry or business

FATHER
12. Name Conrad MUHL
13. Birthplace Germany.

MOTHER
14. Maiden Name Annie Staffel
15. Birthplace GERMANY

16 (a) Informant MRS. ANNIE C. MUHL
(b) Address 2233 ANNAPOLIS RD - 30

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO., MD.

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) 1948 (Date rec'd by registrar) (b) Huntington Hilliard (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9/48 19 at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/9 1948, and that I last saw him alive on 7/8/1948.

Immediate cause of death	Duration
DEGENERATIVE MYOCARDIAL DISEASE E GRADE III FAILURE	
Due to BILATERAL PLEURAL EFFUSION	
CREMIA	
Due to JAUNDICE	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Hess M. D.
Address St. Agnes Hosp. Date signed 7/9/48

VS 159

G64863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa M. Seward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife. John F. Seward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1878

8. AGE: Years	Months	Days	If less than one day
70	2	12	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Louis Knight
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret DeRoche
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John F. Seward
(b) Address 8168 Gough St.

17 (a) Burial (b) Date thereof 7/12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1948 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1948 to 7/8 1948. and that I last saw h alive on 7/7 1948.

Immediate cause of death Cardiac cachexia — Duration
Due to arteriosclerotic cardio-vascular dis
Due to
Other Conditions Pulmonary emphysema
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Goldstein M.D.
Address WBGH Date signed 7/8/48

Fill in the cause of death clearly and legibly.

G64864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G64864

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Thomas S. Chandler

3 (b) If veteran, name war Choice

3 (c) Social Security Account No. 215-03-1715

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Chandler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9/5/1874

8. AGE: Years 73 | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Accomac, Va.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business -

FATHER
12. Name John T.
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Fitzgerald
15. Birthplace Va.

16 (a) Informant Mrs. Margaret Chandler
(b) Address 2429 Arunah Ave

17 (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves. (17)

19 (a) 8 - 1948 (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pulmonary Edema
Pulmonary Embolism left
Due to Thrombophlebitis Right leg -
Other Conditions Generalized Arteriosclerosis.
Front. left femur -
(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing ☑ cause of death, fill in the following: 16/5
(a) Date of injury 5-22-48 at 12:05 P.M.
(b) Where did injury occur? Edmondson & Warwick Avenues
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto.

23. Signature ..... M.D.
Medical Examiner.
Date signed July 9, 1948

VS 151

64865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. 64865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 E. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. LESTER (or) Mary L. Higgins

3 (b) If veteran, name war

3 (c) Social Security Account No. 358-18-9105

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 1902

8. AGE: Years 46 | Months 2 | Days 19 | less than one day | hr. | min.

9. Birthplace St. Paul Va. (Town, county, and state)

10. Usual Occupation
Industry or business

FATHER
12. Name Lilbury Dye
13. Birthplace Va

MOTHER
14. Maiden Name Mary Herron
15. Birthplace Va

16 (a) Informant James Lester
(b) Address 1629 E. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 48 (month) (day) (year)
(c) Cemetery or crematory Bickley Hill Cem.
Location St. Paul Va.

18 (a) Funeral director Oppel Bro.
(b) Address 1800 E. Lombard St.

19 (a) (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fatty degeneration of liver.
Aseites.
Due to Pulmonary tuberculosis with miliary dissemination.
Other Conditions Obesity

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

25. Signature George L. Merrill M.D. Medical Examiner.
Date signed 7/8/48

X

131

G64866

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 166 Registered No. 064866

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County.....
(c) City or town Fairfield (If outside city or town limits, write RURAL and give town)
(d) Street No..... (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) **FULL NAME** (Ronald McKercher) S.J. Jordon, Jr.

3 (b) If veteran, name war: WWII

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife..... Single

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 10, 1930

8. AGE: Years 18 | Months 0 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Fairfield, Texas (Town, county, and state)

10. Usual Occupation U.S. Army

11. Industry or business

FATHER 12. Name Sidney Jordan

13. Birthplace Texas

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant: Military Rec.

(b) Address Ft. Geo. G. Meade

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (month) (day) (year)

(c) Cemetery or crematory ?

Location Coolidge, Texas

18 (a) Funeral director Charles L. Law

(b) Address 620 Madison Ave.

19 (a) 7-9-1948 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948, at ..... M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet Wound of Brain

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury July 3/48 5:40 A. M.

(b) Where did injury occur? 906 Penna. Ave.

(c) Did injury occur at home, on farm, industrial place, in public place? Public Street While at work? No

(d) Means of injury Firearms

23. Signature [signature] M.D. Medical Examiner

Date signed 7-3-48

X

G64867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Webster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard J. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Estelle Hassuse

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1884

8. AGE: Years	Months	Days	If less than one day
63	10	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Boiler maker

11. Industry or business B+O.

FATHER
12. Name Dossey Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Emma Hainey
15. Birthplace Va

16 (a) Informant Mrs Estelle Lewis
(b) Address 1326 Webster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Annapolis Blvd

18 (a) Funeral director John F Denny Inc
(b) Address 716 Light St

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) Huntington Williams Md

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 11 ** AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to A.S.C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl R. Ryan M.D. Medical Examiner.
Date signed July 7, 1948

G64868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No. G64868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3020 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ashby Joseph Lewis

3 (b) If veteran, name war W.W. 2

3 (c) Social Security Account No. 212-01-0329

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elsie D.Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.10, 1907

8. AGE: Years 40 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Repair Man

11. Industry or business Hisdon Typewriter Co.

FATHER
12. Name Ashby T. Lewis
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Skidmore
15. Birthplace Md.

16 (a) Informant Mrs. Elsie D. Lewis
(b) Address 3020 Walbrook Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director J Howard Strong
(b) Address 3207 W. North Ave.

19 (a) JUL 9 - 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948, at 11.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 to July 7 1948 and that I last saw him alive on July 7 1948.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to Myocardial Ischemia	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman U Todd, M.D.
Address 2108 St Paul St Date signed 7/8/48

VS 150

G64869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G64869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3344 W. Belvedere Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3344 W. Belvedere Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline (Carrie) E. Gover

3 (b) If veteran, name war ----

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or ~~wife~~ Cyrus F. Gover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1892

8. AGE: Years 56 | Months 2 | Days 13 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Royal B. Coleman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillian Dyer
15. Birthplace Md.

16 (a) Informant Mr. Cyrus F. Gover
(b) Address 3344 W. Belvedere Ave.,

17 (a) Burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory XX Prospect Hill
Location Towson, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 8.30

20. DATE OF DEATH July 8, 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 8 1948 and that I last saw h~~i~~r alive on July 7 1948.

Immediate cause of death	Duration
Irrefusable Carcinoma of Uterus - abdominal	about 6 mo
Due to Viscera - Liver	
Due to	
Other Conditions Anemia	3 mo

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Duhlitt M.D.
Address 22 20 Herrison Blvd Date signed July 8/48

VS 150

G64870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G64870

CM. 120736

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 670 W. Fayette ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Bennett Engle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 17- 1873

8. AGE: Years 75 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace W. VA.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Henry Engle
13. Birthplace W.VA.

MOTHER
14. Maiden Name Ann Bennett
15. Birthplace W.VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 8 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 27- 1948, at 10.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 25 1948, to 6- 27 - 1948, and that I last saw h im alive on 6- 27 - 1948

Immediate cause of death Massive Pulmonary Infarct, Rt. — Duration 7 hrs.

Due to Thrombophlebitis, left leg ?

Due to

Other Conditions Intertrochanteric Fracture, left femur
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-3-48 at M
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury fell, tripped on rug

23. Signature E. J. Vanty M. D.
Address Balto City Hosp. Date signed 7/7/48

To be approved by Medical Examiner J. J. Bolvin by H. J. Mulder, M.D.

VS 153

G64871 #11

Square #11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

Registered No. G64871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Thames Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Blyminski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUL 8 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1948, at 1:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury found 6-26-48 at found 1:00 P.M. 3/2
(b) Where did injury occur? Foot of Bond St.
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury Supposed Drowned

23. Signature M.D.
Medical Examiner.
Date signed 6-28-48

BC- 48-13258

64872

64872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160a

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Certificates must be completed in every case before a burial permit will be issued.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy ~~Shepherd~~ Sheppard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/24/48

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace University Hospital
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Sheppard
13. Birthplace

MOTHER
14. Maiden Name Cora ~~Shepherd~~ Mackabough
15. Birthplace Alabama

16 (a) Informant Cora ~~Shepherd~~ (Mother)
(b) Address 1105 W. Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 9 1948

18 (a) Funeral director [redacted]
(b) Address

19 JUL 9 1948 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1948 to 7/1 1948, and that I last saw him alive on 7/1 1948.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to	
Due to	

Other Conditions Premature Infant 35 weeks 4lbs at birth
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Gold M. D.
Address University Hosp Date signed 7-1-48

VS 150

X

66483 BALTIMORE CITY HEALTH DEPARTMENT 66483
CERTIFICATE OF DEATH 1937

Registered No.

Please write clearly and legibly. Use ink or indelible pencil. Do not use abbreviations. If unknown, say so. Do not leave blanks.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? Ettings Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frances Sewell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3- 1872?

8. AGE: Years	Months	Days	If less than one day
76?	1	26	hr. min.

9. Birthplace Eastern Shore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Elisea or Elisia ?
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Eastern Shore, Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory [illegible] School JUL 8 1948
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 9 - 1948 (b) Huntingtown Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29- 1948, at 3.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13- 1933 to 6-29- 1948, and that I last saw her alive on 6-29- 1948.

Immediate cause of death	Duration
Cerebrovascular Accident	4 days
Due to Hypertensive cardio vascular Disease	15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. Beelstold M. D.
Address Balto City Hosp. Date signed 7/1/48

VS 150

G61874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G61874

120444

Write the causes of death clearly and legibly. The information supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 15 Yrs Old

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 - 1882

8. AGE: Years	Months	Days	If less than one day
66	-	4	hr. min.

9. Birthplace VA.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Wright (D)
13. Birthplace VA.

MOTHER
14. Maiden Name Katherine (D)
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] JUL 8 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 9 - 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6- 24- 1948, at 2.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 14 1948, to 6- 24- 1948, and that I last saw her alive on 6- 24- 1948.

Immediate cause of death	Duration
UREMIA	10 DAYS
Due to HYPERTENSIVE CARDIOVASCULAR	
Due to DISEASE	2 YEARS

Other Conditions RIGHT HEMI PLEGIA
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: NONE
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jernigan
Address Baltimore City Hosp. Date signed 7 July 48 M. D.

VS 150

Dr. Himmelfarb
1801 Eutaw Place

G648/5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G648/5
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5105 Anthony Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5105 Anthony Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Magdalena A. Selway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Roger W. (sr*
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 17, 1891

8. AGE: Years	Months	Days	If less than one day
56	7	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Peter Unkelbach
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Ullrich
15. Birthplace Germany

16 (a) Informant Mr. James Selway
(b) Address 5105 Anthony Avenue

17 (a) Burial (b) Date thereof 7-12-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) JUL 9 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to July 8 1948
and that I last saw h alive on July 8 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hours
Due to Essential Hypertension	5 yrs
Due to	
Other Conditions Hypertensive Cardio Vascular Disease	4 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Himmelfarb
Address 1801 Eutaw Pl Date signed 7/9/48

VS .150

83a

Please write the causes of death clearly and legibly. Physician: please write amount of time supplied. The

G64876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

Registered No. G64876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~607 Madeira St~~
(c) Hospital or institution Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Madeira St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard M. Adams Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-8112

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed~~ or divorced.
M	W	Divorced

6 (b) Name of husband or wife Anna Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) (Dec 23rd 1879) Dec 23 1879

8. AGE: Years	Months	Days	If less than one day
68	6	15	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name John A. Adams
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Fleck
15. Birthplace Ireland

16 (a) Informant Bernard M. Adams Jr.
(b) Address 620 Tolna St.

17 (a) Burial (b) Date thereof 7/12/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto.
Location " Md

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) JUL 10 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 183

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1948 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1948 to 7/8 1948 and that I last saw him alive on 7/8 1948.

	Duration
Immediate cause of death Cardiac Failure - Hemorrhage	
Due to (b) Duodenum - Jaundice - Obstruction	
Due to (c) Common Bile Duct - Carcinoma	
Other Conditions Stomach c metastasis	

(Important conditions contributing to death but not related to immediate cause given in 3 months of death)

Date of operation 6 Head of Pancreas

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald W. Mintz M.D.
Address Church Home Date signed 7/10/48

Instructions: Physicians: please write the causes of death clearly and legibly. The

64877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

64877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24-
(c) Hospital or institution: Lond Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Leane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 23 | Months | Days | If less than one day hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Nathaniel Westcot
(b) Address 1024 S. Charles St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 4 40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to HER death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull, subdural hematoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/8/48 (t. 1A. 23½ M.
(b) Where did injury occur? HANOVER St. 100' SOUTH OF HAMBURG St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell beside moving auto

23. Signature [signature] M.D. Medical Examiner
Date signed 7/8/48

VS 151

G64878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64878

The entire information should be carefully supplied. Please write the causes of death clearly and legibly. Physicians:

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 McElderry street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 McElderry street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ALPHONSUS H. GLOS

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mollie Leimkuhler Glos
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) March 13, 1889
8. AGE: Years 59 | Months 3 | Days 25 | If less than one day ....hr. ....min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Wholesale Commission
11. Industry or business Merchant

FATHER
12. Name Alphonsus H. Glos
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Albert
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Mollie G. Glos
(b) Address 3007 McElderry street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location
18 (a) Funeral director Chas. J. Evans Son, Inc.
(b) Address 118 N. Mt. Royal Ave.
19 (a) (Date rec'd by registrar) (b) Burial permit issued at Baltimore, Md.

JUL 10 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to July 8 1948, and that I last saw him alive on July 8 1948

Immediate cause of death: Coronary Thrombosis — Duration: 1 yr
Due to: Toxic Psychosis — Duration: 1 day
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Fred Rinzler M.D.
Address 600 Wilkens Ave. Date signed 7/9/48

64879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 64879

Type or print the causes of death clearly and legibly

1. PLACE OF DEATH: 4613 ParkHeights Ave
(a) Baltimore City, Maryland Mt. Sinai Home
(b) Street address 815 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Bluma Turkoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 77 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Wife

FATHER
12. Name: Samuel Abramowitz
13. Birthplace: Russia

MOTHER
14. Maiden Name: Lillian ?
15. Birthplace: Russia

16 (a) Informant: Samuel Turkoff
(b) Address: 1015 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Herring Run Cem
Location: Bowleys Lane

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 6.15

20. DATE OF DEATH July 9 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/9 1948, and that I last saw him alive on 7/9 1948.

Immediate cause of death	Duration
Generalized Carcinomatosis	7 months
Due to Carcinoma of Liver	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1320 Eutaw Pl Date signed 7/9 48

VS 150

64880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G64880

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6314 Wirt Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel B. Levin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-6338

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophia Nee Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1901

8. AGE: Years 47 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER
12. Name Louis Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta
15 Birthplace Russia

16 (a) Informant Robert Robinson
(b) Address 2419 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1948 (month) (day) (year)
(c) Cemetery or crematory Chizuk Amunah Cong
Location Arlington Cemetery Rogers Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1948, at 4-37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1948 to 7/9 1948.
And that I last saw him alive on 7/9 1948

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marjorie Orman, M.D.
Address Sinai Hosp. City Date signed 7/9/48

VS 150

64881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 B

Registered No. 64881

The cause of death should be carefully supplied. The information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 W Lee Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 540 W Lee Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Strawberry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	W

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 187[illegible]

8. AGE: Years	Months	Days	If less than one day
74	1	23	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation D

11. Industry or business

FATHER
12. Name Harry Withington
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lilly Bryan
15. Birthplace Balto Md

16 (a) Informant Corin Johnson
(b) Address 540 W Lee Stret

17 (a) Burial (b) Date thereof 7/10/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Md

18 (a) Funeral director Isaiah L Brompton
(b) Address 10 SW Montgomery St

19 (Date rec'd by registrar) JUL 10 1948 (Huntington Williams Mortuary) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1948 to July 7 1948, and that I last saw her alive on July 6 1948.

Immediate cause of death	Duration
Chronic Senile Changes. Malnutrition	last days
Due to	
Due to Age	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Gamse M. D.
Address 501 W. Hamburg St Date signed 7/10/48

VS 150

64882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

Registered No. 64882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 Balmore ct
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Balmore ct (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest J. White

3 (b) If veteran, name war WW I

3 (c) Social Security Account No. 218-07-0690

4. Sex m | 5. Color or race c | 6 (a) Single, married, widowed, or divorced. m

6 (b) Name of husband or wife Viola White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1892

8. AGE: Years 56 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jessie White
13. Birthplace md

MOTHER
14. Maiden Name Lucy Hall
15. Birthplace md

16 (a) Informant Viola White
(b) Address 1623 Balmore ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location md

18 (a) Funeral director George D. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) JUL 10 1948 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 8 1948 and that I last saw him alive on July 8 1948

Immediate cause of death Pulmonary Hemorrhage

Due to Possibly Pulmonary Phthisis

Due to Poor Patient refused X-ray & operation

Other Conditions Pneumonia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 hours.
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Daniels M. D.

Address 50 W. Hamburg St Date signed 7/10/48

VS 150

Office use is especially important. Physicians: please write the causes of death clearly and legibly. The

64883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

64883 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Elizabeth Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James E. Smith
6 (c) If alive, give age 8. years

7. Birth date of deceased (mo., day, yr.) 6-13-1885

8. AGE: Years	Months	Days	If less than one day
63	-	24	— hr. — min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name George O. Weber
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah E. Lewis
15. Birthplace Maryland

16 (a) Informant Miss Daisy Weber
(b) Address 2231 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- -48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore - Md.

18 (a) Funeral director F. B. Wisner + Son
(b) Address 1300 East Fayette Place

19 (a) JUL 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/48 19 , at 7:17 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 19 48 to July 7 19 48 and that I last saw her alive on July 6 19 48

Immediate cause of death Carcinoma - uterus (Cervix) — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Walter Summers M. D.
Address 1 E 29th Fayette St. Date signed 7/10/48

G64884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. G64884

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Castle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Frances Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2228

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe.	White	Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1893

8. AGE: Years	Months	Days	If less than one day
55	3	24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Tailoring
11. Industry or business Cornman & Wasserman

FATHER
12. Name William Chmielewski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs. Frances Maliszewski Daughter
(b) Address 126 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/48 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem.
Location Balto. City

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 JUL 10 1948 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 7:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/ 1948 to 7/8/ 1948 and that I last saw her alive on 7/8/ 1948.

Immediate cause of death	Duration
Sepsis	
Shock - Cardiovascular	
Due to Heart Failure	
Due to Valvular heart disease mitral stenosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: July 9th, 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John Rehfuss M. D.
Address St. Joseph's Hospital Date signed 7-8-48

VS 159

G64885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No. G64885

Please answer each item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Division St
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1243 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. McSilly Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Elia M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace S C (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER 12. Name Joseph W. McSilly Sr

13. Birthplace S C

MOTHER 14. Maiden Name Connie Cardwell

15. Birthplace S C

16 (a) Informant Connie M. McSilly

(b) Address 1243 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7- 48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A A Co Md

18 (a) Funeral director Robert E Williams

(b) Address 1515 McElderry St

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948, at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1948, to 7-5- 1948, and that I last saw h alive on 7-5- 1948.

Immediate cause of death Renal failure — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Bradley Jr. M. D.

Address Provident Hospital Signed 7-7-48

VS 150

GORMAN

G64886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G64886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave & John St
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Mangold Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Gorman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Thomas E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 1888 (Aug 15 1885)

8. AGE: Years	Months	Days	If less than one day
(61) 62	10	24 26	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name Thomas E. Baker
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Mollie Ranlet
15. Birthplace Richmond Va.

16 (a) Informant Mr. Thomas E. Gorman
(b) Address 802 Mangold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem. Pk.
Location Washington Blvd.

18 (a) Funeral director John J. Cowan
(b) Address 901-03 Hollins St.

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) Huntington Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1948, at 11:25 M

21. I certify that I took charge of the remains described above, held an Aug. Ed Inq. thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature William G. Kelsch M.D. Medical Examiner.
Date signed 7/9/48

VS 151

107

64887 Acc Room

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. 64887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Herberts Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Maddox
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Edith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1898
8. AGE: Years 50 Months Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
12. FATHER Name Wm. Maddox
13. Birthplace Md
14. MOTHER Maiden Name Rosie Smith
15. Birthplace Md
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A. A. County, Md
18 (a) Funeral director Joseph H. Locke
(b) Address 1304 N. Central Ave
19 JUL 10 1948 (Date rec'd by registrar) Huntingtor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1948, at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9- 1948 to 19, and that I last saw him alive on 7-9- 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to ? Pulmonary edema,	
? myocardial infarct	
Due to Hypertentive cardio -	
vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William D. Wintermute M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

V S 150 Med. Ex Case Released to Hospital Autopsy by Hunting T. Mallory M.D.

G64888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 30 D

Registered No. G64888

Please answer questions on causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Army) Armwood Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Packing House Work

11. Industry or business Sany Packing Co

FATHER 12. Name Daniel Nelson

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Ashton

MOTHER 15. Birthplace Virginia

16 (a) Informant Elsie Holliday

(b) Address 18 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-1948 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Baltimore Md

18 (a) Funeral director Elroy O. Wilson

(b) Address 1009 Bentley Ave

19 (a) JUL 10 1948 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 12 02 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature George G. Merrill M.D. Medical Examiner.

Date signed July 9, 1948

VS 151

G64889 Towers

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1198

Registered No. G64889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Dukeland St.
(c) Hospital or institution:
West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) X

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Orchard Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Wilbur Thompson

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr) May 30, 1948

8. AGE: Years | Months: 1 | Days: 9 10 | If less than one day: ___ hr. ___ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John W. Thompson
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Naomi P. Smith
15. Birthplace Woodsboro, Md.

16 (a) Informant John W. Thompson
(b) Address Orchard Beach, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (month) (day) (year)
(c) Cemetery or crematory XXX Mt. Hope
Location Woodsboro, Md.

18 (a) Funeral director M. R. Eckhardt & Son
(b) Address Frederick, Md.

19 (a) JUL 10 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1948 to 7/9 1948.
and that I last saw him alive on 7/9 1948.

Immediate cause of death: Hamitton

	Duration
Due to Coeliac syndrome	
Due to Cause undetermined	
Other Conditions Marked intestinal distress	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: resection of colon

of autopsy: Early gangrene of colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Goldstein M. D.
Address W Bgh Date signed 7/9/48

X

G64890

JL - 120147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Cliftwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Hinkleman

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-01-5280

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine May.

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1878

8. AGE: Years 70 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Moniter Controller Co

FATHER
12. Name Frank Hinkleman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Abrams
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE & BROADWAY

19 (a) JUL 10 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 4.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1948 to July 8 1948, and that I last saw him alive on July 8 1948.

Immediate cause of death: Bronchopneumonia
Arteriosclerotic Ht Disease — Duration: 4 Day, 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E Beckstold
Address Balto City Hosp Date signed 7/9/48 M. D.

VS 150

664891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. 664891

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 N. Bond Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADALINE (ADDIE) E. SANNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	216-05-2268 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1872

8. AGE: Years	Months	Days	If less than one day
75	7	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired 1 yr.
11. Industry or business Hutzler Bros.

FATHER
12. Name Basil Sanner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura Hughes
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Dora C. Clark
(b) Address 1612 N. Bond Street - 13

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 JUL 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948 19, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 19 47 to July 8 19 48.
and that I last saw him alive on July 7 19 48

Immediate cause of death Cachexia and Metastasis — Duration 7 Days

Due to Carcinoma of Stomach and Intestines — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Rosenberg
Address 2005 E North Ave Date signed 7/8/48

VS 150

G64892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64892

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2702 Tivoly Avenue

(c) Hospital or institution: 9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2702 Tivoly Avenue

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME BESSIE ADELIA KERR

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	215-09-6710

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1876

8. AGE: Years	Months	Days	If less than one day
71	10	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired 4 years

11. Industry or business Butler Bros.

FATHER
12. Name Henry Kerr
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Ireland
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary E. Gelbach

(b) Address 2702 Tivoly Avenue - 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/48 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery

Location Baltimore, Marvland

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address NORTH AVE: & BROADWAY

19 (a) JUL 10 1948 (b) Huntington Williams, M.D. Registrar

(Date rec'd by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 5.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to July 8 1948 and that I last saw her alive on July 8 1948

Immediate cause of death a Cardio Vascular Disease — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. L. Jennyngs Duncan M.D.

Address 2855 Oakford Rd Date signed 7/10/48

VS 150

064893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. 64893

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Key West (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Seidenbergave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy B. Casler

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife ? James

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 7-7-18

8. AGE: Years 30 | Months 29 | Days - | If less than one day hr. 2 min.

9. Birthplace Connecticut (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Stepen Salon

13. Birthplace Lithuania

MOTHER 14. Maiden Name Wayshed Shage

15. Birthplace Lithuania

16 (a) Informant James B. Casler

(b) Address JOHNS HOPKINS HOSPITAL Key West Fla

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 (month) (day) 1948 (year)

(c) Cemetery or crematory New London

Location New London Conn

18 (a) Funeral director John O. Mitchell Sons

(b) Address 1900 Eastern Place

19 (a) JUL 10 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9-48, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7-48 to 7-9-48 and that I last saw h[illegible] alive on 7-9-1948

Immediate cause of death Congestive heart failure Ventricular Tachycardia, Paroxysmal — Duration

Due to Rheumatic heart disease with aortic insufficiency — 2 yrs

Due to and aortic stenosis.

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John O. Mitchell M.D.

Address JOHNS HOPKINS HOSPITAL Date signed M./D. 7/9/48

V S 150

G64894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 7183

Registered No. G64894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dda
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Nantucket Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 Samoset St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Theresa A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1902

8. AGE: Years	Months	Days	If less than one day
46	7	12	hr. min.

9. Birthplace Eaton Mass (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Merchant Marine

FATHER
12. Name Daniel F Sullivan
13. Birthplace Eaton

MOTHER
14. Maiden name Margt Sullivan
15. Birthplace Eaton

16 (a) Informant Theresa A Sullivan
(b) Address 60 Seymour Ave Ashmont Mass

17 (a) Funeral (b) Date thereof 7/10/48 (month) (day) (year)
(burial, cremation, or removal)

(c) Cemetery or crematory Funeral
Location Ashmont Mass

18 (a) Funeral director Sullivan & Dore
(b) Address 1219 Dorchester St

19 [illegible] by [illegible] Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 4-1

(a) Date of injury found 7-9-48 at 12:15 P.M.
(b) Where did injury occur? found Pier #1 -- Pratt St
(c) Did injury occur at home, on farm, industrial place, in public place? Harbor While at work? no
(d) Means of injury found drowned

23. Signature Geo G. Merrill M.D. (Medical Examiner.)

Date signed 7-9-48

G64895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 James ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 James St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances (het Kows/kas) hetKaus/kas

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 1890

8. AGE: Years 58 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Lith (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: ?
13. Birthplace: Lith

MOTHER
14. Maiden Name: ?
15. Birthplace: Lith

16 (a) Informant: Lilian Letkauskas
(b) Address: 1240 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd

18 (a) Funeral director: Joseph Kasevichus Jr.
(b) Address: 1948 Wash. Blvd

19 (a) JUL 10 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946 to June 24 1948 and that I last saw h.r alive on July 5 1948

Immediate cause of death: Pulmonary Edema — Duration: Sudden

Due to: Hypertensive Cardio Vascular Disease — Duration: 4 years

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John P. Ulenk, Jr. M.D.
Address 1227 Wash. Blvd Date signed 7-7-48 M. D.

VS 150

X

G64896 BALTIMORE CITY HEALTH DEPARTMENT G64896
CERTIFICATE OF DEATH 563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Mohawk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle Josephs
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife George W
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1894
8. AGE: Years 54 Months Days If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name David Levy
13. Birthplace Russia
MOTHER 14. Maiden Name Leah
15. Birthplace Russia
16 (a) Informant George W Josephs
(b) Address 3703 Mohawk Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-48 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Road
18 (a) Funeral director Jack Lewy Inc
(b) Address 710 Eutaw Place Huntington Williams, Mgr
(a) 11 1948 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH July 10, 1948, at 10:30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948 to July 10 1948, and that I last saw h[illegible] alive on July 10, 1948

Immediate cause of death	Duration
Encephalomalacia	
Due to Cardiac arrest	
Fem neuritis suspicion on 7/3/48	
Due to Anesthesia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7-7-48
Major findings of operation: Carcinoma
of breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Maurice S. Utasky M. D.
Address Sinai Hospital Date signed 7/10/48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write especially important.

G64897 BALTIMORE CITY HEALTH DEPARTMENT G64897

CERTIFICATE OF DEATH 83a

Registered No.

Please write the causes of death clearly and legibly. Use only standard abbreviations. Please supply all items if information is known or can be obtained.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Hortonia Rd
(c) Hospital or institution: Mount Hope
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Glen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Latvia

MOTHER
14. Maiden Name Hannah
15. Birthplace Latvia

16 (a) Informant Jacob Miller
(b) Address 3612 Glen ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-48 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Hebrew

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (a) Date rec'd by Local Registrar JUL 11 1948 (b) Filed by Washington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1948 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1948 to 7/9 1948.
and that I last saw h[illegible] alive on 7/7 1948.

Immediate cause of death: Acute Cardiac failure — Duration

Due to: Ch Hypertension

Due to: Ch Arteriosclerosis

Other Conditions: Ch Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D. L. Hornstein M.D.
Address 2045 Bentalou St Date signed 7/10/48

G64898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G64898
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Reservoir St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Reservoir St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL-NAME Miss Mary Garner Zollinger

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-25-1870

8. AGE: Years 77 | Months 7 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Wm. P. Zollinger
13. Birthplace Harrisburg Pa.

MOTHER
14. Maiden Name Flonnie Wood
15. Birthplace A. A. Co. Md.

16 (a) Informant Mrs Julia Z. Burgess (Sister)
(b) Address Govans Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July-12-48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. Mowen Sec.) 908 N. North Avenue

19 (a) 1948 (Registered by registrar) (b) Washington Village, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1926 to July 9 1948
and that I last saw h-r alive on July 6 1948

Immediate cause of death: Coronary Thrombosis (Second Attack) — Duration: Sudden
Due to
Due to
Other Conditions: Arteriosclerosis
Hiatal Hernia
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Zach. A. Morgan M.D.
Address 107 E. Eagle St. Cockeysville Date signed 7/10/48

VS 150

Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

BC-48-08800

G64899

48-08812

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64899

Registered No.

CERTIFICATE OF DEATH 157E

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12wk
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W. University Pkwy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Singley III

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-23-48

8. AGE: Years 0 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Frederick Singley, Jr.
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Kaestner
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W. Franklin St.

19 (a) JUL 1 1948 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1948 to 7-10- 1948 and that I last saw him alive on 7-10-1948.

Immediate cause of death	Duration
Cardiac Arrest	
Due to Operative Cause	
Due to Congenital Heart Disease Tetralogia	
Other Conditions Cardiac Decompensation	

(Include pregnancy within 3 months of death)

Date of operation July 10, 1948
Major findings of operation Some
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullins M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-23-48

V S 150

Tentative Williams, MD

Howard J. Mullins, M.D. 7-23-48

G64900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH. 13B

✓ G64900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland ave
(c) Hospital or institution: Sinai Hospital 136
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W 33rd st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Robert Blucher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Blanch Williams

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Mch. 1-1879

8. AGE: Years 69 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John M Blucher
13. Birthplace Md

MOTHER
14. Maiden Name Mary Blucher
15. Birthplace Md

16 (a) Informant Mrs Grace Shipley
(b) Address 611 W 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md

18 (a) Funeral director Geo L Boyce Jr
(b) Address 1512 Hollins St

19 (a) 7 11 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9 1948 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-1948 to 7-9-1948, and that I last saw him alive on 7/9/1948.

Immediate cause of death Heart failure — Duration

Due to Tuberculosis (pulmonary)

Due to Coron. heart dis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. Harris M. D.
Address Date signed

VS 151

X

G64901 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64901

CERTIFICATE OF DEATH 145

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balt-7-Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7200 Windsor Mill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

S35248

3 (a) FULL NAME Eileen Sheets Brodsky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Dewey Brodsky
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 3-26-06

8. AGE: Years	Months	Days	If less than one day
42	3	12	hr. min.

9. Birthplace Independence W. Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William C. Sheets
13. Birthplace W Va

MOTHER
14. Maiden Name Anna Fortney
15. Birthplace W. Va

16 (a) Informant Mr. Dewey Brodsky
(b) Address 7200 Windsor Mill Rd

17 (a) Burial (b) Date thereof 7-12-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo. T. Beyer Jr
(b) Address 1502 Hollins St

JUL 11 1948 (a) (b)
(Date registrar) (registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 10 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1948 to 7-8 1948, and that I last saw him alive on 7-8 1948.

Immediate cause of death Vascular Phenomena (Embolic ?) — Duration

Due to Pregnancy Hypertensive CVD — owell

Due to

Other Conditions Pregnancy at Term Hypertensive CVD
(Include pregnancy within 3 months of death)

Date of operation 7-8-48

Major findings of operation: POST MORTEM SECTION

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Bold M.D.
Address University Hosp Date signed 7-8-48

VS 150

G64902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G64902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp. 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 287 Ballow Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Blosse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Evelyn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1919

8. AGE: Years 28 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: Radio Repairs

11. Industry or business

FATHER
12. Name: Adam Blosse
13. Birthplace: Md

MOTHER
14. Maiden Name: Alice Walter
15. Birthplace: Md

16 (a) Informant: Mrs Evelyn Blosse
(b) Address: 1925 Christian

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/48 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto Co Md

18 (a) Funeral director: Welsh Funeral Home
(b) Address: 2008 Orleans St

JUL 11 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 2.55 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Gangrene Rt. Thigh

Due to: Gunshot wound Rt. thigh.

Other Conditions: Pulmonary Edema.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-5-48 at 2:00 a.m.
(b) Where did injury occur? Point Pleasant, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no
(d) Means of injury: firearm

23. Signature: Earl Boyd M.D.
Medical Examiner
Date signed July 10, 1948

G64903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1313

Registered No. G64903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 Edgewood St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 735 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha W. Cordray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Felix B. Cordray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1875

8. AGE: Years	Months	Days	If less than one day
75	4	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William M. Finch
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha J. Dudrow
15. Birthplace Harpers Ferry, W. Va.,

16 (a) Informant Miss Bessie Cordray
(b) Address 735 Edgewood St.,

17 (a) Burial (b) Date thereof July 12, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) July 11 1948 Huntington Williams, MD
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948 19 at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1947 to July 9 1948, and that I last saw h e alive on July 8 1948.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions Chr. Nephritis.	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature George E. Shannon MD M. D.
Address 820 Medical Arts Bldg Date signed 7/10/48

VS 150

937

Please write the causes of death clearly and legibly. The information should be carefully supplied. Physicians: please write very important.

G64904

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64904

Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Madeira St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F Hanglik

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Charles F Hanglik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 1879

8. AGE: Years	Months	Days	If less than one day
68	7	9	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Koska
13. Birthplace Md

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Md

16 (a) Informant Mrs. Richard Grieg
(b) Address 3110 Northway Rd Drive

17 (a) Burial (b) Date thereof 7/13/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Huntington Williams

IJ 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 9 1948
and that I last saw deceased alive on July 8 1948.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to Coronary Insufficiency	2 yrs.
arterio sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F Klumb M. D.
Address 2624 E. Monument Date signed 7/10/48

X

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G64905

BALTIMORE CITY HEALTH DEPARTMENT X 96 ✓

CERTIFICATE OF DEATH

Registered No. G64905

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore U. S. A.
(c) City or town Stevenson, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Stevenson Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Haviland

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr) 5/3/1900

8. AGE: Years	Months	Days	If less than one day
48	7	16	hr. min.

9. Birthplace Penna (Town, county, and State)
10. Usual Occupation Clerical
11. Industry or business Glen R. Martin

FATHER
12. Name Patrick Henry Haviland
13. Birthplace Md

MOTHER
14. Maiden Name Mary Creagher
15. Birthplace Md.

16 (a) Informant Ethel La Rue Haviland
(b) Address Stevenson, Maryland

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 12-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md.

19 (a) Filed [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9/1948 at 8:00 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/22/1948 to 7/9/1948 and that I last saw him alive on 7/9/1948

Immediate cause of death	Duration
RUPTURED ANEURYSM OF MIDDLE CEREBRAL ARTERY	
Due to	
Due to	
Other Conditions SUB-ARACHNOID HEMORRHAGE (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John W. Shaw M. D.
Address [illegible] Date signed 7/9/48

VS 150

G64906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64906

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 427 N. Pulaski St.

(c) Hospital or institution:

20

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 427 N. Pulaski St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie V. Hoffman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Charles A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1858

8. AGE: Years	Months	Days	If less than one day
90	3	28	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name High

13. Birthplace Md.

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant J. Frank Hoffman

(b) Address 2419 McElderry St.

17 (a) Burial (b) Date thereof July 12/48.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.

Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Pikstie

(b) Address 4101 Edmondson Ave, Baltimore, Md.

19 (a) JUL 12 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 8.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1948, to July 8 1948, and that I last saw her alive on July 8 1948.

Immediate cause of death	Duration
Hypostatic pneumonia	several years
Due to Cerebral thrombosis	
Due to Generalized arteriosclerosis with hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. Michel M. D.

Address 2901 Edmondson Ave Date signed July 8 1948

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Especially important.

664907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 87

Registered No. 664907

Please answer questions on this side of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave. 28-4
(c) Hospital or institution:
General German Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine W. O'Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1862

8. AGE: Years 86 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John O'Dunn
13. Birthplace Ireland

MOTHER
14. Maiden Name Marianna Slattery
15. Birthplace Ireland

16 (a) Informant Mr. J. Geo. Walz
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/48. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry A. Kutzler.
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] Huntington Williams, Mgr

JUL 12 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948 at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1948 to July 10 1948.
and that I last saw h alive on

Immediate cause of death: Multiple Sclerosis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wiedschmidt M. D.
Address 930 Hanover. Date signed July 11/48.

664908 BC-48-53284 ✓

E.J.A. 120628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. 664908

Please write plainly in ink or use typewriter. The information should be carefully supplied. The certificate must be completed as to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltomore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Warrwick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Sheets ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1948

8. AGE: Years | Months | Days 2 Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Williams
13. Birthplace W.Va.

MOTHER
14. Maiden Name Betty Sheets
15. Birthplace W.Va.

16 (a) Informant Record Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-2-48 9 A M (month) (day) (year)
(c) Cemetery or crematory D. C. Hosp.
Location 4940 Eastern ave

18 (a) Funeral director
(b) Address

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948, to 6-23 1948, and that I last saw him alive on 6-23 1948

Immediate cause of death: Respiration pneumonia — Duration 2 day

Due to

Due to

Other Conditions Convulsions Leukemia Monocytosis — 2 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rudolph Becker
Address Balto City Date signed 6/22/48

VS 150

107

G64909

J1- 120912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 159

G64909 Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8½hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 8½ hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Bay briar Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Whetzel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1948

8. AGE: Years | Months | Days | If less than one day 8½ hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon Whetzel
13. Birthplace W. Va.

MOTHER
14. Maiden Name Wanda Whetzel
15. Birthplace W. Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave. 9.00Am

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-3-1948 (month) (day) (year)
(c) ~~Cemetery~~ or crematory B.C.H.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUL 12 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948 at 4.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1948 to July 2 1948, and that I last saw him alive on July 2 1948.

Immediate cause of death: Pneumonia
Fatal atelectasis — Duration 8½ hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William P. Kean M. D.
Address Baltimore City Hosp. Date signed 7-3-48

X

G64910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. G64910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oswald Le Verock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Marguerite

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-1901

8. AGE Years 46 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Dutch West Indies (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name George Le Verock
13. Birthplace West Indies

MOTHER
14. Maiden Name Levine Marrs
15. Birthplace West Indies

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7-12-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem'l Pk.
Location Baltimore Co. Md

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 1248 W. Biddle St.

JUL 12 1948
(Date rec'd by registrar)

(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1948 to 7/8 1948, and that I last saw him alive on 7/8 1948

	Duration
Immediate cause of death: Bile Peritonitis	4 days
Due to: Operation Biliary Fistula	2 weeks
Due to:	
Other Conditions: Cirrhosis (Include pregnancy within 3 months of death)	1 yr.

Date of operation 6/23/48

Major findings of operation: Cirrhosis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas N P Johns
Address JOHNS HOPKINS HOSPITAL Date signed 7/8/48

V S 150

Please write in capacity important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G64911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G64911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County U. L. 1.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Cherry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Borkoski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr) 12/24/1888

8. AGE: Years 60 yrs. | Months 6 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Repair Shipyard

11. Industry or business

FATHER
12. Name Alexander Borkoski
13. Birthplace Poland

MOTHER
14. Maiden Name [illegible]
15. Birthplace ?

16 (a) Informant Margaret Borkoski
(b) Address 1614 Cherry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazynski
(b) Address 1300 Eastern Ave

19 JUL 12 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9/48 19... at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1948 to 7-9 1948 and that I last saw him alive on 7-9 1948.

Immediate cause of death	Duration
Carcinoma of Prostate, Metastatic	
Due to Nephritis, uremia, terminal	
Due to Fibrillation & myocardial damage, Enlarged fatty liver & Ulcer of stomach	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank P Dwyer Jr
Address St Agnes Hospital Date signed 7-9-48 M. D.
Balto, Md. X

VS 150

G64912

WAIIA

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 937

Registered No. G64912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54hrs
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Balto. Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 543 MAIN Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Walter Williamson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Luemerluse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1873

8. AGE: Years 55 | Months - | Days - | If less than one day ....hr. ....min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Rufus Williams
13. Birthplace S. C.

MOTHER
14. Maiden Name Taggers ?
15. Birthplace S C

16 (a) Informant Luemerluse Williamson
(b) Address 543 Main St

17 (a) Burial (b) Date thereof July 12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location G. G. County

18 (a) Funeral director Mrs Pitt O Ellwood
(b) Address 1129 N. Caroline St

19 (a) JUL 12 1948 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948; at 10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to Hypertension

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
Means of injury.....

23. Signature [signature] M.D.
Medical Examiner.
Date signed July 9 48

X

G64913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64913

Print cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2016 Crestview Road
(c) Hospital or institution: 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Crestview Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth (Bessie) Way

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1878

8. AGE: Years	Months	Days	If less than one day
69 70	9	6	hr. min.

9. Birthplace Bregus, Newfoundland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Hochschilds & Kohn Co

FATHER
12. Name William Way
13. Birthplace Newfoundland

MOTHER
14. Maiden Name Elizabeth Norman
15 Birthplace Newfoundland

16 (a) Informant Miss Frances E. Way
(b) Address 2016 Crestview Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1948 to July 10 1948, and that I last saw her alive on July 9 1948.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions Arteio-Sclerosis	6 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall, M. D.
Address 1631 E. North Ave Date signed 7/10/48

VS 150

64914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 N. Port Street
(c) Hospital or institution: 6-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Port St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Murphy
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 17-1871

8. AGE: Years 77 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Martin Grist
(b) Address 22 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) JUL 12 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948, at 1050 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1948, to June 30, 1948, and that I last saw him alive on June 30, 1948.

Immediate cause of death	Duration
Cardiac Failure	1
Due to Cardiac Insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Tanker M. D.
Address 100 N. Hilton Date signed 7/11/48

VS 150

Write the causes of death clearly and legibly. Physicians: Please write in ink. Only one cause should appear on a line. The

64915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 64915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 E. Hoffman St D.O.A.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 E. Hoffman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Seltzer

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-3946

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret F. Seltzer

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct. -19-1890

8. AGE: Years 57 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Emmitsburg, Md.
(Town, county and state)

10. Usual Occupation Maintainance

11. Industry or business Bethlehem Fairfield Post

FATHER
12. Name James Seltzer
13. Birthplace Emmitsburg, Md.

MOTHER
14. Maiden Name Hannah Jordon
15. Birthplace Emmitsburg Md.

16 (a) Informant Margaret F. Seltzer
(b) Address 2527 E. Hoffman St.

17 (a) Burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) JUL 12 1948 (b) Huntington-Williams, Inc.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10 1948, at 12 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Sulowski M.D.
Medical Examiner.
Date signed 7/10/48

VS 151

G64916

CERTIFICATE CORRECTED 6-12-57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64916

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. PRINT OR TYPEWRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Silfille

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex Fa | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1877

8. AGE: Years 68 71 | Months 3 | Days | If less than one day hr. min. | 18

9. Birthplace Anse-Bertrand - Guadeloupe (Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER
12. Name Victor Silfille
13. Birthplace French Colony

MOTHER
14. Maiden Name Fabeer Eugenie marie Silfille
15. Birthplace French Colony

16 (a) Informant Carrie Silfille
(b) Address 1035 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert E. Williams
(b) Address Robert E. Williams

19 [illegible] 12 1948 (b) Signature of registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 25 May 1948 to 8 July 1948, and that I last saw him alive on 6 July 1948

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to Hypertension — Duration ?

Due to

Other Conditions Cerebral Hemorrhage & Left hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanford P. Innerarity M. D.
Address 2309 Druid Hill Ave Date signed 7-9-48

G64917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G64917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Canal Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Newman Winston Person

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years 21 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Wake Forest N. C. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name John Person
13. Birthplace Henderson N. C.

MOTHER
14. Maiden Name Knoye Winston
15. Birthplace Wake Forest N. C.

16 (a) Informant Knoye Minor
(b) Address 1202 Canal Ct. apt 42

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Hanover St

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948, at 9 P.M. 45

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab-wound of heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/8/48 at abt. 9 30 P.M.
(b) Where did injury occur? 1500 blk. East Fairmount Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO
(d) Means of injury Sharp instrument

23. Signature George H. Merrill M.D. Medical Examiner.
Date signed 7/9/48

G64918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G64918

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrenty Davidiuk

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-2712

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not know ?

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name ? Dawdiuk
13. Birthplace Russian

MOTHER
14. Maiden Name not know
15. Birthplace Russia

16 (a) Informant Mr. John Sauk
(b) Address 134 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 48 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Elkridge Md.

18 (a) Funeral director John A. Greblunas
(b) Address 423 [illegible]

19 (a) [illegible] 12 [illegible] (Accepted by registrar) [illegible] Register

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 12 50 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed July 9, 1948

VS 151

G64919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. G64919

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 Lawnview Avenue
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Lawnview Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN STEWART

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-03-6786

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Jessie M. McCowan
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1900

8. AGE: Years	Months	Days	If less than one day
47	10	17	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name John Stewart
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary McCawley
15. Birthplace Ireland

16 (a) Informant Mrs. Norman Stewart
(b) Address 3322 Lawnview Avenue -13

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 3.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to July 9 1948 and that I last saw him alive on July 8 1948.

Immediate cause of death: Cerebral accident — Duration:
Due to: Essential hypertension
Due to:
Other Conditions: Hypertensive Cardiovascular disease
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard L. Pritts M. D.
Address 1206 N. Washington St. Date signed 7/14/48

VS 150

83a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G64920

Registered No. G64920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 East Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addison Aquilla

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 44 Months Days If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Addison C. Aquilla
13. Birthplace Md

MOTHER
14. Maiden Name Maria Proctor
15. Birthplace Md

16 (a) Informant: Nellie Aquilla
(b) Address 1037 Rutland Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md

18 (a) Funeral director Joseph L. Locke
(b) Address 1364 N. Central Ave

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Congestive Heart Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl K. Royer M.D. (Medical Examiner)
Date signed 7-10-48

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. / The

G64921

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64921

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & green Sts
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Jones ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 6, 1881

8. AGE: Years	Months	Days	If less than one day
66	10	2	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Matilda
15. Birthplace Md.

16 (a) Informant Thomas C. Jones
(b) Address 4509 St. Georges Ave.

17 (a) Burial (b) Date thereof July 12, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star.
Location Catonsville, Md.,

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUL 12 1948 (b) [illegible]
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 8 1948 and that I last saw him alive on July 8 1948.

Immediate cause of death Respiratory failure — Duration

Due to Atelectasis

Due to Post op. depression

Other Conditions HGVD; Possible lung abscesses

(Include pregnancy within 3 months of death)

Date of operation July 7 1948

Major findings of operation: Hemorrhoids

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Hunter, M.D.
M. D.
Address University Hospital Date signed 7-9-48

VS 150

114E

Please write the causes of death clearly and legibly. Physicians: please write or type. Typewriter supplied. The

G64922

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G64922

CERTIFICATE OF DEATH 117a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution: Greenmount Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. Marley Park. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harry S. BOSSE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife H. PEARL BOSSE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 16, 1890

8. AGE: Years 58 | Months 4 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace BALTO (Town, county, and state)

10. Usual Occupation GROCERYMAN

11. Industry or business SELF

FATHER 12. Name Louis F. Bosse

13. Birthplace Wash. D.C.

MOTHER 14. Maiden Name Alice Swift

15 Birthplace Va.

16 (a) Informant MRS. H. PEARL BOSSE

(b) Address MARLEY PK. GLEN BURNIE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)

(c) Cemetery or crematory LONDON PARK

Location BALTIMORE, MD.

18 (a) Funeral director WM. T. TICKNER & SONS

(b) Address BALTIMORE, MD.

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1948 at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to 7-10 1948, and that I last saw h[illegible] alive on 7-10-48 1948.

Immediate cause of death	Duration
Cardiac Failure	
Due to Emphysema	
Due to Gastric Intestinal Hemorrhage due to	
Other Conditions Ulcer.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Hayne M.D.

Address Univ. Hosp. Date signed 7-10-48

VS-150

Please write the causes of death clearly and legibly. Physicians: please write in ink. Typewriter: please use capitals. Be accurate and complete. Do not use any abbreviations. Every question must be answered.

G64923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64923 Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write all of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 LAKESIDE AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 LAKESIDE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST G. VOGEL

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife: ELIZABETH J. VOGEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 6, 1885

8. AGE: Years	Months	Days	If less than one day
63	2	4	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation PLUMBING & HEATING
11. Industry or business CONTRACTOR

FATHER
12. Name JOHN VOGEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name AMELIA LANG
15. Birthplace BALTO, MD.

16 (a) Informant MRS. ELIZABETH J. VOGEL
(b) Address 1720 LAKESIDE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ HOLY REDEEMER
Location BALTO, MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO, MD

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1933 to July 10 1948; that I last saw him alive on July 9 1948

Immediate cause of death: Coronary Occlusion — Duration: instant
Due to: Coronary Thrombosis — 48 hrs
Due to: Coronary Sclerosis — 4 yrs?
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Erwin Mayer M.D.
Address 1116 Eglinton Date signed 7/13/48

Erwin Mayer X

G64924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G64924

Please write the causes of death clearly and legibly. Physicians: please write carefully and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Madeira + Tinde Ave
(b) Street address 2509 Harlem Avenue
(c) Hospital or institution: Maryland General Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Harlem Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Paul Steinwald

3 (b) If veteran, name war — None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary S. Steinwald
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 21, 1869

8. AGE: Years 79 | Months 3 | Days 29 | If less than one day 20 hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business Teaching

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant MR. ASMAR STEINWALD
(b) Address 4415 SEDGWICK RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEM.
Location BALTO., MD

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO., MD

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1948 to July 10 1948, that I last saw him alive on July 9 1948.

	Duration
Immediate cause of death Complete Heart block e Stokes-Adams Syndrome	7 days
Due to Arteriosclerotic cardio-vascular disease	10 years
Due to	
Other Conditions Neoplasm of liver Chol Lithiasis Acute pancreatitis Chronic (Morbid conditions, if any, giving rise to above cause, stating the underlying cause last)	over

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marguerite Louisa Candler M. D.
Address Maryland Gen'l Hospital Date signed 7/14/48

VS 150

G64925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47F

Registered No. G64925

Please write the causes of death clearly and legibly. Typewriting is preferred.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County 12
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2564 Druid Park Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles B. Romig

3 (b) If veteran, name war WW #2

3 (c) Social Security Account No. yes

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) FEB. 16, 1901

8. AGE: Years 47 | Months 4 | Days 4 24 | If less than one day hr. min.

9. Birthplace BALTO., MD.
(Town, county, and state)

10. Usual Occupation CLERK

11. Industry or business B & O. R.R.

FATHER
12. Name LUKE B. ROMIG
13. Birthplace PA.

MOTHER
14. Maiden Name ANNA MORRIS
15. Birthplace IRELAND

16 (a) Informant MRS. LUCY E. KEEFER
(b) Address 2564 DRUID PARK DR.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ NEW CATHEDRAL
Location BALTO., MD.

18 (a) Funeral director WM. F. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10-48 19 , at ? M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1948 to July 10 1948. and that I last saw him alive on 7-10-48 19

	Duration
Immediate cause of death Respiratory failure	
Due to Cerebral & mediastinal metastasis ? METASTASIS	
Due to Melano-sarcoma	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Holmes M. D.
Address University Hosp. Date signed 7-10-48

VS 150

G64926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G64926 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write legibly. Information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3114 Weaver Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Weaver Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: HARRY THOMAS BECK

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 705-05-4906

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Shirley V. Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1882

8. AGE: Years 66 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Ass't. Chief Clerk
11. Industry or business: B. & O. R. R.

FATHER
12. Name: Thomas Jefferson Beck
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Katherine -
15. Birthplace: Germany

16 (a) Informant: Mrs. Shirley V. Beck
(b) Address: 3114 Weaver Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 [redacted] 12 1948 (b) (Rec'd by registrar)

VS 192

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 10 1948 and that I last saw him alive on July 10 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	5 days
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arteriosclerosis	3 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Av Date signed 7/10/48

664927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182

Registered No. 664927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Paul Court Apts. 3120 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fulton E. Yewell

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 219-16-8109

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Rita Bruce Yewell
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) May 16, 1894
8. AGE: Years 54 | Months 1 | Days 24 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Building Supt.
11. Industry or business

FATHER
12. Name Francis E. Yewell
13. Birthplace A. A. Co.

MOTHER
14. Maiden Name Florence Wilkerson
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Rita Yewell
(b) Address St. Paul Ct. Apts. 3120 St. Paul St. 3120 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 12 1948 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2:30 P.M. 7/9/1948 to 3 P.M. 7/9/1948, and that I last saw him alive on 7/4 19 48

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Pneumonia	
Due to Amyotropic Lateral Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence July 9, 19 M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Hightower M. D.
Address University Hospital Date signed 7/9/48

VS 150

Please write the causes of death clearly and legibly.

64928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. 64928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5508 Belle Vista Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Brocato Jr

3 (b) If veteran, name war Last

3 (c) Social Security Account No. 219-22-5215

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Madeline B. Brocato

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1 - 1928

8. AGE: Years 20 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Oil Burner Mechanic

11. Industry or business Swift Mfg Co

FATHER
12. Name Samuel Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name Jessie Bradfield
15. Birthplace Va

16 (a) Informant Mrs. Madeline Brocato
(b) Address 5508 Belle Vista ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director J. J. Herrington
(b) Address 3021 Kentucky ave

19 (a) JUL 12 1948 (Date received by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 10^40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized subdural and subarachnoid hemorrhage; Compound fracture of leg bones

Due to

Other Conditions Lacerations, brief burns, and bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-9-48 at 9:45 P.M. Balto. Co.
(b) Where did injury occur? Harford Rd. ½ mile from Cub Hill
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Motorcycle + auto coll

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 7-10-48

VS 151

G64929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 94a

Registered No. G64929

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland St. and Frazier Ave.
(c) Hospital or institution: West Baltimore General Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian A. Wack

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Wack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 12/11/1888

8. AGE: Years 59 | Months 7 | Days 0 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: House
11. Industry or business: Home

FATHER
12. Name: George W. Henderson
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Elizabeth Carle
15. Birthplace: Baltimore

16 (a) Informant: Mr. George Henderson
(b) Address: 3720 Gwyn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore, Md.

18 (a) Funeral director: John T. Stansbury
(b) Address: 2700 Edmondson Ave.

19 (a) Filed JUL 12 1948 (Registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at 9 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1948 to July 11 1948, and that I last saw her alive on July 11 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	10 min.
Due to: Coronary sclerosis and myocardial failure	
Due to: Chronic pancreatitis with cyst formation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Katharine V. Kemp M. D.
Address: West. Balto. Gen. Hosp. Date signed 7/12/48

VS 150

G64930

BALTIMORE CITY HEALTH DEPARTMENT

E.J.A. 121038 **CERTIFICATE OF DEATH** 1838

Registered No. G64930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Isaac Remes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: C. | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 15, 1899

8. AGE: Years 48 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Dottie Remes
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. D. Nelson
(b) Address 1203 Pressman

19 (a) [redacted] (Date rec'd by registrar) (b) Kathryn Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948 at 6:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1948 to July 10 1948 and that I last saw him alive on July 10, 1948.

Immediate cause of death: Thrombosis of cerebral vessel. — Duration: 4 days

Due to: General arteriosclerosis and hypertension — 5-6 years

Due to:

Other Conditions: Bronchopneumonia RLL — 3 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Stutzman M. D.
Address Balto. City Hosp Date signed 7-11-48

X

G64931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City ~~Maryland~~
(b) Street address Raynor Ave
(c) Hospital or institution:
West Balto. Hospt 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willard Foreman

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No. 216-09-2052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Balto. MD
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Louis Foreman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hospt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Adas Israel
Location North Pt. Rd
18 (a) Funeral director Jack Levin Inc
(b) Address 2100 Eutaw Pl
19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Evelyn Williams, MD Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 July 1948, at 8.32 P.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Hammer, Jr. M.D.
Medical Examiner.
Date signed 12 July 1948

Physicians: please write the causes of death clearly and legibly. The ... especially important. ... should be carefully supplied.

G64932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G64932 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring Ave
(c) Hospital or institution: Levindale 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORTH POLLACK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Hinda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 90 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Jewel
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Benjamin Goodman
(b) Address 1567 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1140 Eutaw Place

19 JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1948 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1947 to 7-11 1948 and that I last saw h[illegible] alive on 7-11 1948

Immediate cause of death Chronic cardio vasc. dis. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nagel M. D.
Address Levindale Home Date signed 7-11-48

VS 150

C64933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C64933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3523 E. Fayette Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Francis Reese

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7305

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Elene Reese

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1884

8. AGE: Years: About 63 | Months: 8 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Somerset County, Maryland
(Town, county, and state)

10. Usual Occupation: Machinist

11. Industry or business: U.S. Printing & Lith. Co.

FATHER
12. Name: George Reese
13. Birthplace: Somerset Co Md

MOTHER
14. Maiden Name: Sarah Summers
15. Birthplace: Somerset Co Md

16 (a) Informant: Katherine E Reese
(b) Address: 3523 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1948 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem
Location: Eastern Ave Road

18 (a) Funeral director: John C. Moser
(b) Address: 3000 E Baltimore St

19 (Date rec'd by registrar) JUL 12 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948, at 9:55AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29/ 1948 to 7/9/ 1948 and that I last saw h in alive on 7/9/ 1948.

Immediate cause of death	Duration
Cardiac - Renal Failure - Post Operative Shock	
Due to: Sub Total gastrectomy	
Due to: Perforating Post. Duodenal Ulcer	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/7/48.
Major findings of operation: Duodenal Ulcer - Post portion
Autopsy: & F stomach - Per Forating

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address St. Joseph's Hosp. Date signed 7/9/48

VS 150

Please write the causes of death clearly and legibly. The following information is necessary and should be supplied. Physicians: please write plainly.

G64934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. G64934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 27-3
(d) Length of stay in hospital of inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 Dilsa Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Harry A. Mason

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Jane E. | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 16 1885

8. AGE: Years 63 62. | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Balto, Md (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Carville Mason
13. Birthplace Balto Co.

MOTHER 14. Maiden Name Georgeanna Appold
15. Birthplace Balto Co.

16 (a) Informant Mrs. Jane E. Mason
(b) Address 2603 Dilsa Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director L. J. Pugh
(b) Address 5205 Harford

19 JUL 12 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 10 1948, and that I last saw him alive on July 10 1948.

	Duration
Immediate cause of death Uremia	
Due to Chronic pyelonephritis	
Due to Cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Brown M.D.
Address Un. Hospital Date signed July 12, 1948

VS 159

X

Please answer all questions, if unknown so state. Physicians: please write the causes of death clearly and legibly.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write clearly and legibly.

64935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. 64935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 Herbert St.
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Herbert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Patrick Schaeffer

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-10-0301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 8, 1889

8. AGE: Years	Months	Days	If less than one day
59	5	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business Baltimore Transit Co.

FATHER
12. Name William G. Schaeffer
13. Birthplace United States

MOTHER
14. Maiden Name Mary A. ?
15. Birthplace Ireland

16 (a) Informant Mrs. Flora Schaeffer
(b) Address 2122 Herbert St.

17 (a) Burial (b) Date thereof July 13, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Lamoreaux
(b) Address 4610 Liberty Heights Ave.

19 (a) [illegible] 12 1948 Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Month 1946 to July 9 1948, and that I last saw h. im alive on July 8, 1948.

Immediate cause of death Pulmonary Edema — Duration

Due to Hypertension, C.V.D.

Due to

Other Conditions Carcinoma Stomach

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Kitsch M.D.
Address 2151 Wilkens Ave. Date signed July 9/48

VS 150

93D

BC-F 81868

664936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. 664936

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write plainly and fill out completely. Use ink and do not use abbreviations. Please write plainly and fill out completely. Use ink and do not use abbreviations. Please write plainly and fill out completely. Use ink and do not use abbreviations.

G64937

JL- 121160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G64937

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 23

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1613 S. Hanover St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) **FULL NAME** Charles H. Jones

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Della V. Jones

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 5, 1871

8. AGE: Years 77 | Months 4 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Empire Construction

11. Industry or business Carpenter

FATHER

12. Name Isaac Jones

13. Birthplace Md.

MOTHER

14. Maiden Name Sally ?

15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto

18 (a) Funeral director A. Raymond Evans

(b) Address 1400 N. Charles St

19 JUL 12 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at 1.25 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1948 to July 11 1948, and that I last saw him alive on July 11, 1948

	Duration
Immediate cause of death Multiple Cerebral-vascular accidents	5 days
Due to Generalized arteriosclerosis	10 years
Due to	
Other Conditions Bronchopneumonia, RLL. (Include pregnancy within 3 months of death)	3 days

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Stutzman M. D.

Address Balto. City Hosp. Date signed 7-11-48

VS 150

Physicians: please write the causes of death clearly and legibly. Use necessary supplies. Be accurate, complete.

~~G64938~~ 664938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

Please write with pen or information should be carefully supplied. The space is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Thorndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Thorndale Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Frank P. Sturderant

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Ethel V.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1883

8. **AGE:** Years: 64 | Months: 9 | Days: 4 | If less than one day: ..... hr. ..... min.

9. Birthplace Lantz, Maryland
(Town, county, and state)

10. Usual Occupation Chief Engineer

11. Industry or business Suburban Hotel

FATHER
12. Name Calvin Sturderant
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Bingham
15. Birthplace ~~Harts Pa~~ Illinois

16 (a) Informant Mrs Ethel Sturderant
(b) Address 2921 Thorndale Ave

17 (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Leroy Byers
(b) Address 5505 Park Heights Ave

19 (a) JUL 12 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 July 1948, at 8:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Wm. H. Kammer, Jr. M.D.
Medical Examiner.
Date signed 11 July 1948

VS 151

G64939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 Tuscany Road
(c) Hospital or institution:
12-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Tuscany Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Pope Von Schlotheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Baron Hartmann E von Schlotheim

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 26 1880

8. AGE: Years	Months	Days	If less than one day
67	6	14	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George A. Pope
13. Birthplace Md

MOTHER
14. Maiden Name Layde Hopkins
15. Birthplace Md

16 (a) Informant Julian Stuart Jones Jr.
(b) Address 307 Tuscany Rd Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/48 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto. Md

18 (a) Funeral director Henry W Jenkins & Sons Co
(b) Address 4905 York Rd Williams, Md

19 (a) JUL 12 1948 (b) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 12 P 20 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William L Welpeck M.D.
Medical Examiner.
Date signed July 10, 1948

VS 131

664940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

664940 Registered No.

Please write plainly. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
West Baltimore General Hospital 9-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Ednor Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William David Gear

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	2

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Luella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1884

8. AGE: Years	Months	Days	If less than one day
64	3	23	hr. min.

9. Birthplace Kent County, Maryland
(Town, county, and state)
10. Usual Occupation Meat Cutter
11. Industry or business Calvin Anderson

FATHER
12. Name William Gear
13. Birthplace Maryland

MOTHER
14. Maiden Name Benanna Starrtt
15. Birthplace Maryland

16 (a) Informant Mrs. Dorothy MacGoldrick
(b) Address 3600 Ednor Road

17 (a) Burial (b) Date thereof July 13, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) JUL 12 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 July 1948 at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Hammond Jr. M.D.
Medical Examiner
Date signed 11 July 1948

VS 151

G64941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 7168

G64941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town Manover (If outside city or town limits, write RURAL and give town)
(d) Street No. Third Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME PRUDENCE RIFE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-88

8. AGE: Years 59 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace York Co., Pa. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name William H. Rife
13. Birthplace Adams Co., Pa.

MOTHER 14. Maiden Name Emma J. Lansinger
15. Birthplace Adams County, Pa.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Hanover, Pennsylvania

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North and Pa. Avenue

19 (a) 7/12/48 (Date rec'd by registrar) (b) [signature] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948, at 9:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Contusion of brain, Intracranial hemorrhage, Cerebral hemorrhage

Due to

Other Conditions Urinary tract infection Bronchopneumonia
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 6-24-48 10:45 A.M.
(a) Date of injury at
(b) Where did injury occur? Third Street Hanover, Pa.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Pushed out front door and tumbled down steps

23. Signature George B. Morris M.D. for H.J. Madding M.D. Medical Examiner.
Date signed 7-12-48

G64942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64942 Registered No.

Please write plainly. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Mrs.) SUSIE A Kendall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: late LUTHER A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 22, 1885

8. AGE: Years 62 | Months 8 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name FRANK WHEELER
13. Birthplace PENNA

MOTHER
14. Maiden Name ALMEDA SEYMOR
15. Birthplace N.Y

16 (a) Informant MRS LENA M'CLISH
(b) Address 406 S PAYSON ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 13 '48 (month) (day) (year)
(c) Cemetery or crematory MT OLIVET
Location FREDERICK AVE

18 (a) Funeral director Harry H Sitzler
(b) Address 4101 Elberon Ave

19 (a) JUL 12 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948, to July 9 1948, and that I last saw h[illegible] alive on July 9 1948.

Immediate cause of death	Duration
Myocardial infarct	
Due to Coronary Occlusion	
Due to Arteriosclerosis	
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bobby L. James M. D.
Address Franklin Square Hosp. Date signed 7/9/48

for Dr. J. R. Davis by Holwood J. Mullins, M.D.

064943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 064943

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE IN PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Milton Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Milton Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alonzo R. Cullum

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Annie E. Cullum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1868

8. AGE: Years 80 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Bel Camp, Md.
(Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER
12. Name William H. Cullum
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Edither H. Williams
15. Birthplace Harford Co., Md.

16 (a) Informant Mrs. Howard G. Carlisle
(b) Address 1317 N. Milton Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Baker's
Location Aberdeen, Md.

18 (a) Funeral director Henry Tarring Simms
(b) Address Aberdeen, Md.

19 JUL 12 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 6.10

20. DATE OF DEATH July 10, 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1948 to 7/10 1948 and that I last saw h alive on 7/10 1948.

Immediate cause of death: Terminal Bronchopneumonia — Duration: 1 day
Due to: Arteriosclerotic heart disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ulan Bauer M. D.
Address 1501 N. Milton Ave Date signed 7/12/48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G64944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64945

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 3707 Brooklyn ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irona Klynn -

3 (b) If veteran, name war

3 (c) Social Security Account No. 45

4. Sex X. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 12, 1872

8. AGE: Years 75 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Carl Peepen - decd

13. Birthplace Germany -

MOTHER 14. Maiden Name Xreeda Greenwald

15. Birthplace decd

16 (a) Informant Mrs Harry Deter

(b) Address 3707 Brooklyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1948 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery

Location 7225 Eastern Ave

18 (a) Funeral director Edgar W. Coppelin

(b) Address 924 E. Eager St.

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williamsville, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1948 at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1948 to 7-10 1948, and that I last saw h[illegible] alive on 7-10 1948.

Immediate cause of death	Duration
Cardio-Resp. failure	
Due to Uremia	
Due to Degenerative Cardio-Vasc.-Renal Dis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clark E. Carr Jr. M. D.

Address St Agnes Hosp Date signed 7-11-48

VS 150

G64945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G64945 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 East 32nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 East 32nd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Harry (Henry) Oberlander

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-10-6668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Anna E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1883

8. AGE: Years	Months	Days	If less than one day
65	1	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Buyer
11. Industry or business Julius Gutman & Company

FATHER
12. Name John Oberlander
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Bauer
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna E. Oberlander
(b) Address 1803 East 32nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Maryland

18 (a) Funeral director William Cook, Inc.,
(b) Address 1217 St. Paul Street

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1948 to July 11 1948 and that I last saw h.. alive on July 11 1948

Immediate cause of death	Duration
Coronary Embolism	5 Min.
Due to Hypertension	2 Mo
arteriosclerosis	2 Mo
Due to Chronic Interstitial Nephritis	2 Mo
Other Conditions 2 other coronary	
on June 48	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F F A Stevens M. D.
Address 2878 Harford Ave Date signed 7-12-48

V S 150

664946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 664946

466742 74a

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Swiss. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Scholl

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-26

8. AGE: Years 22 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Stenog.

11. Industry or business

FATHER
12. Name Emil Scholl
13. Birthplace W. Va.

MOTHER
14. Maiden Name Carla Legg ?
15. Birthplace W. Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Swiss. W. Va.
Location West Virginia

18 (a) Funeral director Wm Coughlin
(b) Address 1217 St Paul St Huntington W Va

19 (a) JUL 12 1948 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION 33

20. DATE OF DEATH July - 12 - 1948, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7- 1948, to 7-12- 1948, and that I last saw her alive on 7-12- 1948.

Immediate cause of death	Duration
Leukemia, myeloblastic, acute	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(d) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Hubbard M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/12/48

V S 150

G64947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64947

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp 14-3 DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1351 W Fremont (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Hagans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1888

8. AGE: Years 59 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Newberry
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Mount
15. Birthplace N. C.

16 (a) Informant Chas. Green
(b) Address 707 Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director A Halstead
(b) Address 1241 [redacted]
19 (a) 11 12 [redacted] (b) [redacted]
(Add'l data by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 July 1948, at 5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl Ryon M.D.
Medical Examiner.
Date signed 11 July 48

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

664948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. 664948

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: I2I2 Marshall Street
(c) Hospital or institution: 23 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. I2I2 Marshall Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B. Ernst

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Barbara Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/7/1879

8. AGE: Years	Months	Days	If less than one day
69	6	4	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation B And O Employee
11. Industry or business Retired

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Family
(b) Address Same

17 (a) B (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory Swartz's
Location O'Donnell Street
18 (a) Funeral director James L. McCauley
(b) Address I3I East Fort Avenue
19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington-Williams Co. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11/48 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/1948 to 7/11/1948
and that I last saw h alive on 7/10/1948

Immediate cause of death Carcinoma left lung — Duration 2 mos
Due to
Due to
Other Conditions Cachexia 2 wks
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller Ash M. D.
Address 1200 N Charles Date signed 7/12/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G64949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 739 East Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edith Somers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Denwood
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/27/1896

8. AGE: Years	Months	Days	If less than one day
52	3	14	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Ficklin
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Stoneham
15. Birthplace Va.

16 (a) Informant Family
(b) Address Same

17 (a) B (Burial, cremation, or removal) (b) Date thereof 7/14/48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Maryland
18 (a) Funeral director James L. Lee Carey
(b) Address 130 East Fort Avenue
19 (a) JUL 12 1948 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11- 1948 at 2:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1948 to 7-11-1948 and that I last saw h[illegible] alive on 7-11-1948

Immediate cause of death	Duration
Pulmonary congestion	
Due to Hypertensive Cardiovascular Renal Disease	
Due to	
Other Conditions (1) Uremia (2) Terminal pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex Pulley Jr. M.D.
Address SBGH Date signed 7/11/48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT 937

CERTIFICATE OF DEATH

Registered No. G64950

G64950

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 E. 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 E. 22nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Laura Meers (Meers)

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife John M. Meers
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1882

8. AGE: Years	Months	Days	If less than one day
65	6	18	____ hr. ____ min.

9. Birthplace Pittsburg, Pa.
(Town, county, and state)
10. Usual Occupation housewife,
11. Industry or business at home

FATHER
12. Name Benjamin Franklin Lemmon.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jane Davis
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Hilbert Beyer,
(b) Address 329 E. 24th. St.

17 (a) burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.,
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) JUL 12 1948 (b) Huntington Williams, M.D.
(Date rec'd here) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1948, at 7:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature R. J. Sobocinski M.D.
Medical Examiner.
Date signed 7/11/48

VS 151

664951

BALTIMORE CITY HEALTH DEPARTMENT

664951 - 118291 **CERTIFICATE OF DEATH** 137a Registered No.

Please write the causes of death clearly and legibly. The age is especially important. Physicians: please write carefully. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 27-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5821 Ethelbert
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rigney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna Rigney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, (1862) 1863

8. AGE: Years 85 (86) | Months 0 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Park Dept. Balto City

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director G. Vernon Lemmon
(b) Address 411 Park Heights Ave

19 JUL 12 1948 (Date rec'd by Registrar) (b) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION PM

20. DATE OF DEATH July 9 1948, at 3.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1948 to July 9 1948 and that I last saw h im alive on July 9 1948

Immediate cause of death Broncho — pneumonia — SUPRAPUBIC

	Duration
Due to post op. suprapubic prostatectomy	days
Due to BPH PROSTATECTOMY	2 1/2 mos
Other Conditions ASCVD	yrs
	yrs

(Include pregnancy within 3 months of death)

Date of operation 4/22/48

Major findings of operation: BPH fistula

of autopsy: Broncho pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.

Address Balt. City Hosp. Date signed 7/9/48

G64952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

G64952 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11-

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. 1016 St Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced.~~ D

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-22

8. AGE: Years 26 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Reuben
13. Birthplace England

MOTHER 14. Maiden name Nellie Robertson
15. Birthplace England

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 13 46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd
18 (a) Funeral director Dugal Bros
(b) Address 1800 E. Lombard St
19 (a) July 12 1946 (b) Washington Williams M.D.
(Date rec'd by Local Registrar)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-46 (month) (day) at 7:46 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6-25-46 to 7-11-1946, and that I last saw ~~him~~ her alive on 7-11-1946.

Immediate cause of death Toxemia of pregnancy — Duration

Due to Hepatic necrosis

Due to Infectious hepatitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William W. Wintrobe M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

64953

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. 64953

CERTIFICATE OF DEATH 94a

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Taneytown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME L. Florence Mumford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife C. E. Mumford
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 10/30/1879

8. AGE: Years	Months	Days	If less than one day
68	8	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Former wife
11. Industry or business

FATHER
12. Name EZRA E. STULLER
13. Birthplace CARROLL Co. Md.

MOTHER
14. Maiden Name MINERVA Fleagle
15. Birthplace CARROLL Co. Md.

16 (a) Informant CHAS. E. MUMFORD
(b) Address WESTMINISTER Md.

17 (a) Burial (b) Date thereof July 15. 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd. Anne Arundel Co

18 (a) Funeral director J. E. Myers. Jr.
(b) Address Westminster Md.

19 (a) JUL 12 1948 (b) Huntington Williams, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 12:30 M

21. I certify that I took charge of the remains described above, held an Aug. Ed Dup thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Kelbach M.D.
Medical Examiner.
Date signed July 12, 1948

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

664954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

664954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4514 Hampnett Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-2
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4514 Hampnett Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JEFFERSON DAVIS AYRES

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary McCall Ayres
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 21, 1862
8. AGE: Years 85 | Months 6 | Days 19 | If less than one day hr. min.
9. Birthplace Rock Hall, Kent Co., Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Bookkeeper

FATHER
12. Name Wesley Ayres
13. Birthplace Rock Hall, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Jefferson McCall Ayres
(b) Address 4514 Hampnett Ave., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem. Park
Location Elkridge, Maryland

18 (a) Funeral director John Burns' Sons
(b) Address Govson, Maryland

19 (a) JUL 12 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw h alive on 19

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to with Chronic glomerulus nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph S. Aldridge M.D.
Address 10 W. Madison St. Date signed July 12 1948

for Dr. Saurgh

G64955
J1 - 121113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124a

G64955
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Presstman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Lambert Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1893

8. AGE: Years	Months	Days	If less than one day
54	8	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Green Walker
13. Birthplace S. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md.

18 (a) Funeral director Jos. S. Kelson Jr.
(b) Address 1363 Presstman St

19 JUL 13 1948 Huntington Williams, Md.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at 6.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948 to July 9 1948, and that I last saw him alive on July 9, 1948

Immediate cause of death	Duration
Esophageal varices with rupture and hemorrhage	30 min.
Due to Laennec's Cirrhosis of the liver	3 yrs.
Due to	
Other Conditions Hepatal pentonitis due to retrocoecal abscess	4-6 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cirrhosis of the liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Stutzman M. D.
Address Balto. City Hosp Date signed 7-11-48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64956

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64956
CERTIFICATE OF DEATH 100B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard Sts.
(c) Hospital or institution: Md Gen Hosp. 15-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1629~~ 1629 Thomas Ave #16 (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie E. Wareheim.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Weldon (~~William~~) Wareheim.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 Mar. 1909
8. AGE: Years 639 | Months 4 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and state or foreign country)
10. Usual Occupation Housewife
11. Industry or business Strauss Barr

FATHER
12. Name George Dahl
13. Birthplace Maryland

MOTHER
14. Maiden Name Sadie Dolan
15. Birthplace Harford Co. Md.

16 (a) Informant Husband
(b) Address ~~1629~~ 1619 Thomas Ave #16.

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 7/15/48 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 JUL 13 1948 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1948, at 5 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1948 to 7-11 1948, and that I last saw her alive on 7-11 1948.

Immediate cause of death Dyspnea — Duration 2 days

Due to Thrombosis Pulmonic mesenteric ~~coloring~~ vein — 3 days.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation 7-11-48

Major findings of operation: —

of autopsy: Thrombosis mesenteric ~~coloring~~ vein

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature M. K. Brunn M. D.
Address Md Gen. Hosp. Date signed 7-11-48

G64957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

G64957 Registered No.

PRESS WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 W Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 W Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Klompus

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Elles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1884

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Skolnick

13. Birthplace Russia

MOTHER 14. Maiden Name Rose

15. Birthplace Russia

16 (a) Informant Herman Klompus

(b) Address 2833 W Garrison Ave

17 (a) Rural (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Young Men

Location Druid Hill Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 2600 Eutaw Place

19 (a) JUL 13 1948 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-1948 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to July 12 1948, and that I last saw her alive on July 12 1948.

Immediate cause of death Hypernephroma — Duration 1 yr.

Due to

Due to

Other Conditions Metastasis to Lungs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman L. Klompus M.D.

Address 3700 Loch Raven Blvd Date signed July 12 1948

VS 150

G64958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64958 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D. of A.
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Berman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced, Widow

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old German Hill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 2120 Eutaw

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Huntington Robertson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1948, at 9:24 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Late death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature P. S. Silberberg M.D. (Medical Examiner.)
Date signed 7/11/48

VS 191

G64959

BALTIMORE CITY HEALTH DEPARTMENT ✓ G64959

CERTIFICATE OF DEATH 1248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital ~~or Institution~~: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 S. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Estelle Rostek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Peter Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1908

8. AGE: Years 40 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Marion Lewkowski
13. Birthplace Poland

MOTHER 14. Maiden Name Josephine Lebinski
15. Birthplace Poland

16 (a) Informant Peter Paul Rostek
(b) Address 723 S. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germyn Dixie Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1948 at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1948 to July 11, 1948 and that I last saw her alive on July 11, 1948.

Immediate cause of death Heart failure E
a) Atherosclerosis Left lung — Duration

Due to Cirrhosis of liver

Due to Cardiac Decompensation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Atherosclerosis, left lung, Pulmonary

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Kellogan M.D.
Address St. Joseph's Hospital Date signed 7-11-48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The items of information should be carefully supplied.

664960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

664960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 st and Wyman Park Drive
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Gough St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRIETTA LEWIS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Daniel J. Lewis
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 11-22-1882

8. AGE: Years	Months	Days	If less than one day
65	8	15	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business American Seaman

FATHER	12. Name Henry Kollner
	13. Birthplace Germany
MOTHER	14. Maiden Name Catherine Strugala
	15. Birthplace Poland

16 (a) Informant Daniel Lewis (husband)
(b) Address 2107 Gough St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Ext.

18 (a) Funeral director Lipsky & Zeile, Inc
(b) Address 403 S. Eden St. Baltimore, Md.

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948 at 5.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1948, to July 10 1948 and that I last saw her alive on July 10 1948.

Immediate cause of death	Duration
Carcinoma of cervix uteri, postradiation with metastases	
Due to to lung.	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John B. Mengo M. D.
Address U.S. Marine Hospital Date signed July 9 1948

VS 150

G64961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G64961 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Linden Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Linden Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Laura M. Strunk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Benjamin Strunk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1881

8. AGE: Years	Months	Days	If less than one day
66	8	15	hr. min.

9. Birthplace Belfont, Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Christopher Miller
13. Birthplace Pa.

MOTHER
14. Maiden Name Angelein Walker
15 Birthplace Pa

16 (a) Informant Mrs. Lucy J. Zerenner
(b) Address 1415 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Parkwood
Location Taylor Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place Carrington Williams, M.D.

19 (a) JUL 13 1948 (date rec'd by registrar) (b) Registrar

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1947 to July 10 1948 and that I last saw her alive on July 9 1948.

Immediate cause of death	Duration
Diabetic Coma	2 days
Due to Diabetes	Long
Due to	
Other Conditions Carcinoma of Sigmoid Resected (Include pregnancy within 3 months of death)	
Date of operation October 11, 1947	
Major findings of operation: Carcinoma of Sigmoid	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature [signature] M. D.
Address 1901 Eutaw Place Date signed 7/12/48

G64962 ✓ G64962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2170 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2170 Hollins St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emory E. McCullough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ada P. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1884

8. AGE: Years	Months	Days	If less than one day
64	4	6	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Clerk at Post Office

11. Industry or business

FATHER
12. Name Richard McCullough
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Elizabeth Nettall
15. Birthplace Dover, Del.

16 (a) Informant Mrs. Ada Jones McCullough
(b) Address 2170 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Windsor Mill Rd. Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Filed (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1947, to July 11, 1948 and that I last saw h im alive on July 9 1948.

Immediate cause of death Carcinoma of Rectum — Duration 1947

Due to Hemorrhage from Kidneys — July 8 — 1948

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Beckman M. D.
Address 3426 Bank St. Date signed July 12 1948

Beckman

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64963 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 Myrtle Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Neal Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 5, 1, 1868

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Corrie Colbrin
(b) Address 318-Myrtle ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location

18 (a) Funeral director: A. Halstead
(b) Address 918-Harlem Ave

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Registrar

VS t51

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 at 2 50 P.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to

Other Conditions general arthritis; previous paralysis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earle R. Ryon M.D.
Medical Examiner.
Date signed July 4

G64964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G64964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1025 Jenkins St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Jenkins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Sewell.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 1873

8. AGE: Years 74 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Sewell

13. Birthplace Md.

MOTHER 14. Maiden Name Nancy

15. Birthplace Md.

16 (a) Informant Joseph H. Sewell

(b) Address 1025 Jenkins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location E. Halsted

18 (a) Funeral director E. Halsted Field

(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JUL 13 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1945 to 7-8 1948 and that I last saw h. alive on 7-6 1945

Immediate cause of death Uremia — Duration 2 wks

Due to Generalized Arteriosclerosis — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Atwell Jones M. D.

Address 753 Dulaney Pl Date signed 7-10-48

G-64965 ✓ G-64965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis L. TAVARES

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/24/29

8. AGE: Years 18 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace New Bedford, Mass.
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Francis B. Tavares
13. Birthplace Providence Town, Mass.

MOTHER
14. Maiden Name Kathryn Nicholas
15. Birthplace Balto. Md.

16 (a) Informant Francis B. Tavares
(b) Address New Bedford, Mass.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Grow
Location Balto. Md.

18 (a) Funeral director Wm. J. Chatman Jr
(b) Address 1701 McCulloh St.

19 (a) (Date received by registrar) JUL 13 1948 (b) Huntington Williams M.D. Registrar

VS 1st

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 1.35 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull
Intracranial hemorrhage
Due to Contusion of brain
Fractured ribs
Other Conditions Rupture of liver
Intra-abdominal hemorrhage
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/9/48 at M.
(b) Where did injury occur? Wyman Park Drive about 111' west of Kennard Road
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Blunt force

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/10/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GM. G64966 120303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G64966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) about 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 W. Cross ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elsie Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Vander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2- 1920

8. AGE: Years	Months	Days	If less than one day
28	3	7	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Witherspoon
13. Birthplace S. C.

MOTHER
14. Maiden Name Carrie Georgia
15. Birthplace S.C.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/13/48 (month) (day) (year)
(c) Cemetery or crematory Sumter
Location South Carolina

18 (a) Funeral director David R. Brown & Son
(b) Address 106 N Montgomery St Huntington W. Virginia

19 (a) JUL 13 1948 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 9- 1948 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 16- 1948 to 7- 9- 1948, and that I last saw her alive on 7- 9- 1948.

Immediate cause of death	Duration
Far advanced Pulmonary tuberculosis bilateral with cavitation	4 mons.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret A Morgan M. D.
Address Baltimore City Hosp. Date signed 7-10-48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G64967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G64967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 Bayview Ave.
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Brunt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Samuel Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1881

8. AGE: Years 67 | Months 1 | Days 24 | If less than one day: hr. min.

9. Birthplace Taneytown, Md. (Town, county, and state)

10. Usual Occupation Ice business

11. Industry or business

FATHER
12. Name James Hill
13. Birthplace Maryland

MOTHER
14. Maiden Name Kathy Baines
15. Birthplace Gettysburg, Pa.

16 (a) Informant Mrs. Ruth Ann Hill
(b) Address 1808 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1948 (month, day, year)
(c) Cemetery or crematory Laurel Hill
Location Baltimore, Md.

18 (a) Funeral director Burgess & Sullivan
(b) Address 1631 Druid Hill Ave.

19 (a) JUL 13 1948 (b) Curtis Williams, M.D. (By city registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1948 to July 11 1948, and that I last saw him alive on July 9 1948.

Immediate cause of death Cardio Vascular Disease — Duration 4 yr.

Due to Coronary Thrombosis

Due to Hypertension — 4 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1928 Penna Ave. Date signed 7/13/48

G64968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

G64968 Registered No.

Every item of information should be carefully supplied. The PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hos 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3618 Elm Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Merryman
3 (b) If veteran, name war
(c) Social Security Account No. 212-07-2568

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emory J Merryman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1890
8. AGE: Years 58 Months Days If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Lester I Merryman
(b) Address 3618 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Grant H Beck
(b) Address 814 364 St

19 (a) Filed (Date rec'd by Registrar) JUL 13 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1948 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1948 to 7-11 1948 and that I last saw her alive on 7-11 1948

Immediate cause of death	Duration
Coronary thrombosis due to shock, postoperatively	
Due to	
Due to	
Other Conditions Hepato-renal syndrome	

(Include pregnancy within 3 months of death)
Date of operation 6-21-48
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W.W. Bindeman M.D. M. D.
Address W.B.G.H. Date signed 7-11-48

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

G64969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Lancaster St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vonell Georgoulas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Athanasios

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Athanasios Georgoulas
(b) Address 1709 Lancaster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-48 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. City

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

19 (a) JUL 13 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 1.45 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Pulmonary Edema

Due to Acute Congestive Heart Failure

Other Conditions Coronary Artery Disease, Chronic Valvular Insufficiency & Stenosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl B. Royston M.D.
Medical Examiner.
Date signed 7-13-48

VS 151

936

64970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110B

Registered No. 64970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Leach (LEACH)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3949

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Maggie A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/31/99

8. AGE: Years	Months	Days	If less than one day
49	4	11	hr. min.

9. Birthplace Lumberton N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edmond Leach
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15 Birthplace

16 (a) Informant Maggie A. Leach
(b) Address 1839 W. North Ave

17 (a) C. (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) July 13 1948 (Date rec'd by registrar) (b)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 4.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1948 to 7-12 1948 and that I last saw [illegible] alive on 7-12 1948.

Immediate cause of death	Duration
Bronchopneumonia	3 wks
Due to Bronchial Pleurisy	90 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 1603 N. Carolina Date signed

X 7-13-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64971

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-14063 CERTIFICATE OF DEATH 160C

Registered No. G64971

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 12.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 E. Coldspring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wright

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/12/48
8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 6 hr. 45 min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Lee Willis Wright
13. Birthplace Havre de Grace Maryland

MOTHER
14. Maiden Name Annette Cecilia Meyer
15. Birthplace Baltimore Maryland

16 (a) Informant Mr. Lee Willis Wright (Father)
(b) Address 725 E. Cold Spring Lane - 12
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13. 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore Md.
18 (a) Funeral director Henry Sander & Sons Inc.
(b) Address Baltimore - 13 MD.
19 JUL 13 1948 (Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-48 19 10:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 19 48, to 7-12 - 19 48, and that I last saw him alive on July 12 19 48.

Immediate cause of death — Premature separation of Placenta. — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Bagby M. D.
Address 1725 N. Calvert St Date signed

VS 150

664972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. 664972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Floyd Milton Johnson

3 (b) If veteran, name war: WW#2

3 (c) Social Security Account No. 523-18-0636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Marjorie Johnson
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1921

8. AGE: Years	Months	Days	If less than one day
26	8	12	hr. min.

9. Birthplace: Colorado Springs, Col. (Town, county, and state)
10. Usual Occupation: Retired U.S. Army
11. Industry or business

FATHER
12. Name: James Johnson
13. Birthplace: Miss.

MOTHER
14. Maiden Name: Sewell squire
15. Birthplace: Miss.

16 (a) Informant: Mrs. Marjorie Johnson-widow
(b) Address: 1047 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19.48 (month) (day) (year)
(c) Cemetery or crematory: Evergreen Cem.
Location: Colorado Springs, Col

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUL 13 1948 (Date rec'd by registrar) (Burlington, Wisconsin)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 6:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq. thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Congenital heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: George A. Merrill M.D. (Medical Examiner.)
Date signed 7/13/48

VS 151

G64973 Nellie D. Reddix

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G64973

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1[illegible] Fulton Ave
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 N Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Dickerson Reddix

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Warsaw Richmond Co. Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Reuben Dickerson

13. Birthplace Warsaw Richmond Co Va

MOTHER 14. Maiden Name Judie Yeatmans

15. Birthplace Richmond Va

16 (a) Informant Vashti Dickerson

(b) Address 1005 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1948 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Cem.

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1110 Beverly ave

19 (a) JUL 13 1948 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1948 to 7/10 1948 and that I last saw h[illegible] alive on 7/9 1948

Immediate cause of death Carcinoma of Rectum

Due to CACHEXIA

Due to Metastasis of LIVER

Other Conditions AND Nodes of Lumbar AB DOMINAL ORGANS

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 2/2/48 3/1/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. D. PFIFER X

Address 1422 N. [illegible] Date signed 7/13/48

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

G64974

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-13990 CERTIFICATE OF DEATH 159

G64974

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LIGHT ST.
(c) Hospital or institution: SOUTH BALTIMORE GEN. HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 W. FAYETTE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY RUSSELL ROCKWELL 3RD.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JULY 2, 1948

8. AGE: Years	Months	Days	If less than one day
—	—	10	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name LEROY R. ROCKWELL, JR.
13. Birthplace PORTSMOUTH, OHIO

MOTHER
14. Maiden Name FRANCIS TUDOR
15. Birthplace BALTIMORE, MD.

16 (a) Informant MR. LEROY R. ROCKWELL, JR.
(b) Address 1531 W. FAYETTE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/14/48 (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN
Location RITCHIE HIGHWAY

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST -30

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Huntington Ave. Mass.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1948, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1948 to July 12 1948 and that I last saw him alive on July 2 1948.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address South Baltimore Gen. Hosp. Date signed 7/13/48 M. D.

VS 150

G64975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G64975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital Balto, MD.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. #23
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 McHenry St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James T. Back

3 (b) If veteran, name war S

3 (c) Social Security Account No. 216-12-7876

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Catherine Back Hackman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 27 1884

8. AGE: Years	Months	Days	If less than one day
63 62	10	15	hr. min.

9. Birthplace Balto, MD.
(Town, county, and state)

10. Usual Occupation Machinist, MD. Drydock

11. Industry or business

FATHER
12. Name Edward Back
13. Birthplace MD.

MOTHER
14. Maiden Name Ellen D'Neill
15. Birthplace MD.

16 (a) Informant Catherine Back
(b) Address 1838 McHenry St.

17 (a) Burial (b) Date thereof July 16 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3500 Old Frederick Rd

18 (a) Funeral director Henry A. Wilhelm
(b) Address 1101 Edmondson Ave

JUL 13 1948
(Date rec'd by registrar) Livingston Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/ 1948 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1948 to 7/12 1948 and that I last saw h alive on 7/12 1948.

Immediate cause of death (a) SQ. cell Ca of Nasopharynx — Duration 4 mos.
Due to (b)
Due to (c)
Other Conditions Gen. Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation 6-18-48
Major findings of operation: Biopsy of Tonsil Fossa — Path Dept
of autopsy: Nasopharynx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Lucas M.D.
Address Mercy Hosp. Date signed 7/20/48

G64976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2767 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2767 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: CARRIE B. SANBORN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: FRED M. SANBORN SR.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 11/24/1861

8. AGE: Years 86 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace: JARRETTSVILLE, MD.
(Town, county, and state)

10. Usual Occupation: HOUSEWIFE
11. Industry or business

FATHER
12. Name: HERMAN WALBECK
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: CATHERINE SCHILLING
15. Birthplace: GERMANY

16 (a) Informant: MR. FRED M. SANBORN
(b) Address: 108 MELVIN AVE (CATONSVILLE)

17 (a) BURIAL (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~: MT. OLIVET
Location: BALTO; MD

18 (a) Funeral director: WM. A. TICHNELL & SONS
(b) Address: BALTO, MD

19 (a) JUL 13 1948 (b) Huntington Williams, M.D.
(Registered by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11/1948, at 2 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/1948 to 7/11/1948.
and that I last saw h[illegible] alive on 7/10/1948.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Arteriosclerotic Cardio Vascular Disease	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury ALBERT SCAGNETTI
23. Signature Albert Scagnetti M. D.
Address 1724 W Lanvale St Date signed 7/12/48

G64977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓47

G64977 Registered No.

PRINT WITH PENCIL FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Riggs Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel FLORENCE ^ Blocher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Harry Blocher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 23, 1889

8. AGE: Years	Months	Days	If less than one day
59	0	21/20	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name HERMAN F. KNOOF
13. Birthplace Md

MOTHER
14. Maiden Name Mary R. Creamer
15. Birthplace Md

16 (a) Informant MR. HARRY B. BLOCHER
(b) Address 2716 RIGGS AVE

17 (a) BURIAL (b) Date thereof 7/15/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory BALTIMORE, MD.
Location BAL TO. MD.

18 (a) Funeral director WM T. TICKNER & SONS
(b) Address BALTO; MD.

19 (a) JUL 13 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 12 1948 and that I last saw h alive on July 12 19

Immediate cause of death	Duration
Circulatory Failure	
Due to Operation & Anesthetic Procedures	
Due to Generalized debility	over
Other Conditions Malignant Tumor Thrombosis Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation 7-12-48

Major findings of operation Inoperable infiltrating cavity tumor

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. Hunter, M.D.
Address [illegible] Date signed 7-13-48

VS 150

HARE

G64978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp. 9-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Argonne Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tilden F. Hare

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Lucy J. HARE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 16, 1876

8. AGE: Years 72 | Months 1 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace BALTO, MD. (Town, county, and state)
10. Usual Occupation DISTRIBUTOR - WELDING SUPPLIES
11. Industry or business SELF.

FATHER
12. Name SAMUEL HARE
13. Birthplace BALTO, MD.

MOTHER
14. Maiden Name MARY ALDEN
15. Birthplace BALTO. MD.

16 (a) Informant MRS FREDERICK E. GREBLER
(b) Address 1124 ARGONNE DR.

17 (a) BURIAL (b) Date thereof 7/16/48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or Crematory DRUID RIDGE
Location TOWSON, MD.

18 (a) Funeral director WM. T. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Burlington Nelligan MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948, to July 12 1948, and that I last saw him alive on July 12 1948.

Immediate cause of death: Terminal Bronchopneumonia — Duration

Due to Arteriosclerosis generalized

Due to Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bobby L. Jones M. D.
Address Franklin Square Hosp. Date signed 7/12/48

VS. 150.

G64979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195c

G64979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3207 Woodland Ave.,
(c) Hospital or institution:
27-1-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits; write RURAL and give town)
(d) Street No. 3306 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie G. Cannon,

Regular Physician was Dr. S. Rubin, 203 Patapsco Ave.

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948, at 10.P M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1948 to 7/10 1948 and that I last saw her alive on 7/10 1948

6 (b) Name of husband or wife Edgar A. Cannon,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 24, 1875

8. AGE: Years	Months	Days	If less than one day
72	6	16	hr. min.

Immediate cause of death	Duration
Cardiac decompensation	24 min
Due to Hypertension	5 yrs.
Due to	
Other Conditions Arteriosclerosis.	?

(Include pregnancy within 3 months of death)

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business at home

PHYSICIAN
Underline the cause to which death should be charged statistically.

FATHER
12. Name John Mullen,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia CANNON,
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Raymond Lewis,
(b) Address 3306 Woodland Ave.

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director B. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

23. Signature F. L. de Barbieri, M.D.
Address 4723 Park Heights Date signed 7/12/48

VS 157

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46B

Registered No. L4747 G64980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 N. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 N. Calhoun St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nora Elizabeth Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Solomon Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1871

8. AGE: Years	Months	Days	If less than one day
77	2	20 21	hr. min.

9. Birthplace White Haven, Md. (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Ennis Jones
13. Birthplace Wicomico Co Md.

MOTHER
14. Maiden Name Ellen Conway
15. Birthplace Washington D.C.

16 (a) Informant Daniel W. Jones
(b) Address 226 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A County

18 (a) Funeral director Mrs Cott & Elliott Dyer
(b) Address 1129 N. Carrollton Ave

19 (a) JUL 13 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 12:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1948 to 7-11 1948 and that I last saw h[illegible] alive on July 11 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to a Cerebral Thrombosis	over
Due to	
Other Conditions Carcinoma of Abdomen (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ronald B Leg (Attending) M. D.
Address 501 Cherry Hill Rd 25 Date signed 7-12-48

VS 150

83a

G64981 Kuta G64981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 S. Broadway
(c) Hospital or institution: 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 S. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Kuta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Theresa Hudeczek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Kuta
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Sam Kuta Son
(b) Address Elkridge 27 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1948 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) JUL 13 1948 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to July 10 1948, and that I last saw h alive on July 10 1948

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 da.
Due to Chronic Myocarditis	4 yrs
Due to	
Other Conditions Bronchial Asthma	1 yr

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Gagliardi M. D.
Address 1802 Eastern Ave Date signed 7-11-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FG64982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G64982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 So. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 So. Robinson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Strohecker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Frederick H. Strohecker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1865

8. AGE: Years	Months	Days	If less than one day
83	3	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Schell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Frederick H. Strohecker Jr
(b) Address 161 McKewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balt. St.

19 [illegible] Date received by registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-1948, at 12:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-1948, to 7-11-1948, and that I last saw her alive on 7-10-1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Chr. arterio-sclerosis	? yrs
Due to Chr. Myocarditis	? yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. J. Davidow M. D.
Address 3218 Eastern Ave Date signed 7/12/48

X

G64983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G64983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Monastery of the
(a) Baltimore City, Maryland Visitation
(b) Street address 5712 Roland Avenue
(c) Hospital or institution:

27 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5712 Roland Avenue
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country --------

3 (a) FULL NAME Sister Mary Raphael Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 21 1878

8. AGE: Years	Months	Days	If less than one day
69	8	8	-- hr. -- min.

9. Birthplace Bridgeport, Conn.
(Town, county, and state)
10. Usual Occupation Religious
11. Industry or business -------

FATHER
12. Name Michael Martin
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Desmond
15. Birthplace Unknown

16 (a) Informant Records Monastery
(b) Address 5712 Roland Avenue

17 (a) Burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

19 [illegible] 13 1948 (b) Huntington Williams M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 to July 13 1948, and that I last saw h alive on? June 19 1948

Immediate cause of death: (a) Coronary occlusion — Duration: 12 hrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Donovan M.D.
Address 55 Reed St Date signed 7/13/48

VS 150

G64984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G64984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Mueller St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Mueller St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick R. Staub

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-3086B

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frances Staub

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1873.

8. AGE: Years 75 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace Switzerland (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Switzerland

MOTHER
14. Maiden Name Unknown
15. Birthplace Switzerland

16 (a) Informant Leo R. Stotzel (Son)
(b) Address 1104 S. Baglis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location E. North Ave.

18 (a) Funeral director Charles S. Feiler
(b) Address 901 S. Louisiana St.

19 (a) [redacted] (b) Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1947 to July 12 1948, and that I last saw h[illegible] alive on July 12 1948.

Immediate cause of death	Duration
Acute Cardiac Failure	
Due to Congestive Decompensation	
Due to Cardiac Arrhythmia	
Due to Diabetes ?	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E A Flannigan M.D.
Address 3503 Fait Ave. Date signed 7-13-48

VS 150

X

D-64985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G-64985
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 N.Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 N.Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fredericka Rummel

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Albert Rummel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan.16,1877
8. AGE: Years 71 | Months 5 | Days 26 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Kahler
13. Birthplace Unknown

MOTHER
14. Maiden Name Louise Fulda
15. Birthplace Unknown

16 (a) Informant Miss Helen Rummel
(b) Address 2005 N.Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/48 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) JUL 14 1948 (Date rec'd by registrar) Huntington Williams, M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 19 at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1947, to July 12 1948, and that I last saw her alive on July 11 1948.

Immediate cause of death	Duration
Cardiac Dilatation	5 days
Due to Cardiac Hypertension Disease	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Rummel M. D.
Address 2005 North Ave. Date signed 7-13-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64986 Registered No. 35

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 N. Carey St.
(c) Hospital or institution: Sydenham Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Cobb

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 1927

8. AGE: Years	Months	Days	If less than one day
21	5		hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Bucket Boiler
11. Industry or business

FATHER 12. Name David Cobb
13. Birthplace Kentucky

MOTHER 14. Maiden Name Mary Gilbert Cobb
15. Birthplace Kentucky

16 (a) Informant Sister
(b) Address 31 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7, 13 48 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Kentucky, Baltimoreville

18 (a) Funeral director Earl B. Wolverton Funeral Home, Inc
(b) Address 403 E. 25th St.

19 (a) (Date rec'd by Registrar) (b) Huntington, Indiana

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1948, at 9.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10/1948 to 7/13 1948 and that I last saw her alive on 7/12 1948.

Immediate cause of death	Duration
Encephalitis	
Due to Measles	
Due to	
Other Conditions Facial Paralysis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E.O. Goldstein M. D.
Address Sydenham Hosp. Date signed 7/12/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64987 [redacted]

G64987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lakeland St. & Gaynor Ave.
(c) Hospital or institution:
West Balto. General Hospital Inc. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 9 3/4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Loyola Southway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Forman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: House Wife

FATHER
12. Name: Simon Berman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sarah ?
15. Birthplace: Russia

16 (a) Informant: Robert R Forman
(b) Address: 2517 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Herring Run Cem.
Location: Bowleys Lane

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 (a) (Date rec'd by registrar) JUL 14 1948 (b) [signature] Registrar

VS 150

MEDICAL CERTIFICATION 4.45

20. DATE OF DEATH July 13 1948, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12th 1948, to July 13th 1948, and that I last saw her alive on July 13th 1948.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Katharine V. Kemp M. D.
Address West Balto. Gen. Hosp. Date signed 7/13/48

X

G64988

G64988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: 13 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Blum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late Solomon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House wife

FATHER
12. Name Samuel Katzneldign
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Russia

16 (a) Informant Dora Shapiro
(b) Address 2009 N Pulaski St

17 (a) Burial (b) Date thereof July 14, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd Cem
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) Washington Williams, MD
(Date rec'd by registrar) Registrar
JUL 14 1948

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1948 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12- 1948 to 7-13- 1948, and that I last saw h[illegible] alive on 7-13- 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to ASHD	
Due to	
Other Conditions Prostatectomy	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S Levinson, M. D.
Address Sinai Hospital Date signed 7-13-48

G64989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55B

G64989
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Klasanovitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24th 1881

8. AGE: Years: 67 | Months: 4 | Days: 19 | If less than one day: hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Europe

MOTHER
14. Maiden Name Unknown
15. Birthplace Europe

16 (a) Informant Mrs Anna B. Townsend
(b) Address 715 W. Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 N. Collins St

19 (a) (Date rec'd by registrar) (b) Curtis Bay Williams M.D.

JUL 14 1948
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1948 at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 19 to 19 ; and that I last saw h live on July 12 1948

Immediate cause of death: Sarcomatosis Generalized — Duration: unknown

Due to: Osteogenic Sarcoma of Rt. Radius & Ulna — unknown

Other Conditions: Marasmus — months

(Include pregnancy within 3 months of death)

Date of operation Univ. Hosp.

Major findings of operation: Unknown

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Cannavello M.D.
Address 900 W. Lombard St Date signed July 13 1948 M.D.

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G64990 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Windsor Ave.
(c) Hospital or institution: 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lily Alicia German

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles S. German
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1876

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name James D. Slade
13. Birthplace Md.

MOTHER
14. Maiden Name Alicia Snyder
15. Birthplace Md.

16 (a) Informant Mr. Charles S. German
(b) Address 2923 Windsor Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) JUL 14 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION 6.19

20. DATE OF DEATH July 11, 1948, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to July 11 1948 and that I last saw her alive on July 9 1948.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 wk.
Due to Arteriosclerosis	20 yrs.?
Due to Hypertensive C-V. Disease	10 yrs.?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Goldstein M. D.
Address 2923 Linden Ave. Date signed July 12, 1948

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G64991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapelgate Lane
(c) Hospital or institution:
Pine Crest Sanitarium 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 W. 33rd. St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert H. Morrison, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgia A. Morrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1877

8. AGE: Years	Months	Days	If less than one day
71	5	24	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation Upholsterer
11. Industry or business

FATHER
12. Name George W. Morrison
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Furman
15. Birthplace Md.

16 (a) Informant Mr. Robert H. Morrison, Jr.
(b) Address 3521 Brehm's Lane

17 (a) Burial (b) Date thereof 7-16-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's-Hampden
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JUL 14 1948 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION 12.45

20. DATE OF DEATH July 13, 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 13 1948, and that I last saw him alive on July 12 1948.

Immediate cause of death	Duration
Chronic Myocarditis &	Unknown
Myocardial degeneration.	
Due to Hypertension	Unknown
Due to	
Other Conditions Arteriosclerosis.	Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Melvin H. Borden M. D.
Address 2030 W. Fayette St Date signed 7-13-48

VS 150

G64992

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 51B

G64992
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md (b) County Towson
(c) City or town ~~Balt~~
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ajax South Manor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Frank Bartholomee~~ FRANK H. BARTHOLOMEE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife ~~Sarah King~~ ALICE BARTHOLOMEE

6 (c) If alive, give age years

Alice Bartholomee

7. Birth date of deceased (mo., day, yr.) Sept 26, 1863

8. AGE: Years ~~Months~~ 84 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation ~~Laborer~~ RETIRED

11. Industry or business —

FATHER
12. Name John Julius Bartholomee
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sarah King
15. Birthplace ~~Maryland~~ Balto Md

16 (a) Informant HOWARD D. BARTHOLOMEE
(b) Address 5110 LEEDS AVE - 27

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/15/48 (month) (day) (year)
(c) Cemetery ~~crematory~~ LOUDON PARK
Location BALTO. MD

18 (a) Funeral director WM J. TILGNER & SON
(b) Address ~~BALTIMORE, MD~~

19 (a) JUL 14 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1948, at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 13 1948, and that I last saw him alive on July 13 1948.

Immediate cause of death Carcinoma of prostate

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saram, M.D.
Address Md. Gen. Hosp. Date signed 7/13/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Rosalie Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Mahoning
(c) City or town North Lima, Ohio
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt RFD #1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LA VERNE S CHASE

3 (b) If veteran, name war

3 (c) Social Security Account No. Ohio

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Beulah G Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 7, 1898

8. AGE: Years 49 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Bankers, Mich
(Town, county, and state)

10. Usual Occupation Auto Accessories

11. Industry or business Self

FATHER
12. Name Theodore Schaly
13. Birthplace Mich

MOTHER
14. Maiden Name Minnie Burges
15. Birthplace Mich.

16 (a) Informant Mrs. Beulah G. Chase
(b) Address Rt. #1 R.F.D. - 17

17 (a) Burial (b) Date thereof 7/17/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Tortson, Md

18 (a) Funeral director Wm J. Fichter & Son
(b) Address 1948 Balto. Md

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1948 to July 12 1948, and that I last saw him alive on July 11 1948.

Immediate cause of death	Duration
Coronary occlusion	2 hr.
Due to Coronary Heart Disease	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Maf R. English M. D.
Address 5713 Belair Rd. Date signed 7-13-48

VS 159.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 111 B

G64994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 744 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 744 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Grimes.

3 (b) If veteran, name war: Worlds War I
3 (c) Social Security Account No. 217-22-0182
4. Sex: Male
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1897
8. AGE: Years 51 | Months | Days | If less than one day hr min.
9. Birthplace Middlesex Co., Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George W. Grimes
13. Birthplace Middlesex Co. Va.

MOTHER
14. Maiden Name Martha
15. Birthplace Middlesex Co. Va.

16 (a) Informant Clair Holland.
(b) Address 744 W. Fairmount Ave,
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1948 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location
18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St
19 (a) Date rec'd by local Registrar July 14 1948 Huntington Williams M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948 at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to July 11 1948
and that I last saw h[illegible] alive on July 11 1948.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton Seamans M. D.
Address 1429 W Fayette St Date signed 7/14/48

X

664995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 112

664995
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Frederick Ave.
(c) Hospital or institution: J-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 GOUGH ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE PISKARSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	MARRIED

6 (b) Name of husband or wife JOSEPH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 12 1897

8. AGE: Years	Months	Days	If less than one day
51 90	5 4	1	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name JOHN MONTALSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name A. BAREZAK
15. Birthplace POLAND

16 (a) Informant JOSEPH PISKORSKI
(b) Address 2047 Gough ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 16/48 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location BALTIMORE

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave

19 (a) [illegible] (b) Easterington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 13 1948 at M

21. I certify that death occurred on the date above stated, that I attended deceased from 10 July 1948 to 13 July 1948 and that I last saw [illegible] alive on 13 July 1948

Immediate cause of death
Bronchial Pneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 14 July 48 Date signed
142 Westoury Place 29

VS 150

G64996
JL - 121065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

G64996
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6116 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Chester Anstine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 22, 1872

8. AGE: Years 76 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Emanuel Anstine
13. Birthplace Pa.

MOTHER
14. Maiden Name Ida Markel
15. Birthplace Pa.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1948 (month) (day) (year)
(c) Cemetery or crematory Westerly Gen.
Location Balto - Md.

18 (a) Funeral director Mamie C. Syfert
(b) Address 1600 W. North Ave

19 (a) [redacted] (b) [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 3.45 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1948 to July 12 1948, and that I last saw her alive on July 12 1948.

Immediate cause of death: cardiac failure — Duration: days

Due to: A S C V D — Duration: yrs

Due to:

Other Conditions: B P H — Duration: yrs

(Include pregnancy within 3 months of death)

Date of operation 7/11/48

Major findings of operation: Fibrosis of Myocardium in Septum

Results of autopsy: Pulm. edema, fatty liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.
Address Balt. City Hosp. Date signed 7/12/48

X

G64997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G64997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2531 E. Madison Street
(c) Hospital or institution:

7-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 E. Madison Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie V. Pokorny

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph Pokorny
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 6,1889

8. AGE: Years	Months	Days	If less than one day
58	11	1	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name Frank Solc
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Marie Panic
15. Birthplace Czechoslovakia

16 (a) Informant Joseph Pokorny - husband
(b) Address 2531 E. Madison Street

17 (a) Burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Horner's Lane, Md.

18 (a) Funeral director Schimunek Funeral Home Inc
(b) Address 2601-03-05 E. Madison Street

(a) (b)
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION P.

20. DATE OF DEATH July 11 1948, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1948 to July 11 1948 and that I last saw h alive on July 10 1948

Immediate cause of death	Duration
coronary thrombosis	10 min.
Due to coronary vascular disease	?
Due to	
Other Conditions hypertension.	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Schlink M. D.
Address 447 N. Kenwood Ave. Date signed 7/12/48

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G64998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G64998

Registered No. 125a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Arlington (South)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4419- 4th St. (South)
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES PATRICK O'HARA

3 (b) If veteran, name war —
3 (c) Social Security Account No. 579-01-5928

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Nelson O'Hara
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr) May 20, 1877

8. AGE: Years 71 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Bedford, Va.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER
12. Name: Robert O'Hara
13. Birthplace: Galway, Ireland

MOTHER
14. Maiden Name: Nora Jolliffe
15. Birthplace: London, England

16 (a) Informant: Records
(b) Address: Us Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory: Arlington Nath. Cem.
Location: Arlington, Va

18 (a) Funeral director: W.W. Chamblin Co
(b) Address: Washington, D.C.

19 (a) ____ (b) ____
(Date rec'd by regi... ...rar

Editor Williams, MD

JUL 14 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 7:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1948, to July 13 1948, and that I last saw him alive on July 13 1948.

Immediate cause of death	Duration
Yellow atrophy of liver with hepatoma	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 7/14/48

X

G64999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G64999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland Ave and Rayner Ave.
(c) Hospital or institution:
West Baltimore General Hospital Inc. 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Whitmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Freda Heine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Emil Heine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4th, 1876

8. AGE: Years 72 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Prusze
13. Birthplace Germany

MOTHER
14. Maiden Name Rose
15. Birthplace Germany

16 (a) Informant Mr. Otto W. Heine
(b) Address 124 Archer St., Belair, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (month) (day) (year)
(c) Cemetery or crematory Belair Memorial Park
Location Belair, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) JUL 14 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1948, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948, to July 13 1948, and that I last saw her alive on July 13 1948.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive arteriosclerotic cardiovascular disease	27 days
Due to Unknown causes	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Katherine V. Kemp M. D.
Address West Balto Gen. Hosp. Date signed 7/13/48

X

G65000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948 D

G65000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21-
(c) Hospital or institution: West Balto. Gen. Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 BAYARD ST #23 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE RAFF (KLAWANSKY)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: FEMALE
5. Color or race: WHITE.
6 (a) Single, married, widowed, or divorced: WIDOWED - TWICE
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 25, 1892

8. AGE: Years 55 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Kahn
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa
15. Birthplace Russia

16 (a) Informant Isadore Friedlander
(b) Address 1119 Bayard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 200 Eutaw Place

19 (a) JUL 14 1948 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 7:D AM

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 13 1948 to JULY 14 1948, and that I last saw HER alive on JULY 14 1948.

Immediate cause of death Cerebral Vascular accident. Duration 20 HOURS.

Due to Hypertension C-V disease

Due to unknown causes.

Other Conditions Auricular Fibrillation. Acute Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Herrmann M. D.
Address WEST BALTO GEN HOSP Date signed 7-14-48

G65001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56B

G65001 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied; please write the causes of death clearly and legibly. Physicians: please write especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division Street

(c) Hospital or institution: Provident Hospital 15-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) hfr

2. USUAL RESIDENCE OF DECEASED:

(a) State M.D. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2

(d) Street No. 1722 Pleasant St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Florence Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/1877

8. AGE: Years	Months	Days	If less than one day
70 (?)	7	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business –

FATHER

12. Name Chandler Matthews

13. Birthplace Baltimore M.D.

MOTHER

14. Maiden Name Mary Parnell

15. Birthplace Baltimore M.D.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/48 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Wes. H. Gelson

(b) Address 1303 Pennsylvania

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1948 at 7:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4th 48 to July 11th 48.

and that I last saw h[illegible] alive on July 4th 48.

Immediate cause of death	Duration
(a) Peripheral Circulatory Collapse. (PERIPHERAL)	
Due to (b) Generalized Peritonitis (PERITONITIS)	
Due to (c) Parasitic degeneration of Uterine Fibroid (FIBROID)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See Cause of death

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature O. W. Hoffler

Address Provident Hosp. Date signed 7/14/48 M D.

VS 150

G65002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65002

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Madison avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltim (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Jordan alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name unknow
13. Birthplace unknow

MOTHER
14. Maiden Name unknown
15. Birthplace unknow

16 (a) Informant Robt W. Folemon
(b) Address 2537 Francis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. 30. Md.

18 (a) Funeral director William P. Jackson
(b) Address 916 Penna. Ave
7-14 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948, at 4 45 P M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl N. Royer M.D. (Medical Examiner)
Date signed 7/13/48

VS 181

G65003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G65003
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (~~Yes~~ No)
If yes, name country

3 (a) FULL NAME Miss Mary Emma Bowen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 15, 1874

8. AGE: Years 73 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Public Attendant

11. Industry or business City of Balto.

FATHER 12. Name William H. Bowen

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Bowen

15. Birthplace New York

16 (a) Informant Mr. George Haut

(b) Address 15 S. Shallowford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Frederick Ave

18 (a) Funeral director Krause Funeral Home

(b) Address 1216 N. Charles St.

19 (a) Date received by registrar JUL 14 1948 Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 12 1948, and that I last saw her alive on July 11 1948.

Immediate cause of death	Duration
Fracture of Hip	
Due to Hypostatic Pneumonia	
Due to Heart Failure	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 1, 1948 at 6:30 P.M.
(c) Where did injury occur? 2116 W. Fairmount Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell to kitchen floor

23. Signature Joseph R Liberto M.D.
Address Bon Secours Hosp. Date signed 7/14/48
Howard J. Haggerty, M.D.

G65004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65004 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 Dolphin street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Dolphin street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. McCORMICK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: white | 6 (c) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Martha E. Nastvogel McCormick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1876

8. AGE: Years 71 | Months 6 | Days 32 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Grocery Business

11. Industry or business

FATHER
12. Name Patrick McCormick
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Hand
15. Birthplace Maryland

16 (a) Informant Mrs. Martha E. McCormick
(b) Address 117 Dolphin street

17 (a) Burial (b) Date thereof 7/16/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Cross' Son Inc
(b) Address 118 N. Mt. Royal Ave.

19 (a) [illegible]
(Date received by registrar)

S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 48, at 10:30 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948 to July 12 1948 and that I last saw him alive on 12 July 1948

Immediate cause of death: Hypertensive Cardio Vascular disease — Duration: 20 yrs

Due to:

Due to:

Other Conditions Cerebral hemorrhage, spontaneous — 6 days
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kenney M.D.
M. D.
Address 4508 Edmondson Ave Date signed 13 July 48

X

G65005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 G65005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: If dead on arr. in 2100
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Carroll
(c) City or town WESTMINSTER
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3 (a) FULL NAME Joseph C Diffendall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 9, 1884

8. AGE: Years 63 | Months 11 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JOSEPH C DIFFENDAL
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARY ANN MARTIN
15. Birthplace MARYLAND

16 (a) Informant MRS LYDIA LAUTERBACH
(b) Address 4108 EDMONDSON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/16/48 (month) (day) (year)
(c) Cemetery or crematory ST JOHNS
Location WESTMINSTER MD

18 (a) Funeral director Harry H Wyche
(b) Address 4101 Edmondson Ave

(a) (b) (Date rec'd by registr. Registrar

JUL 14 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1948 at 2 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions A.S.C.V.D. - Cirrhosis of Liver -
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Royer M.D.
Medical Examiner
Date signed July 14 48

Huntington Williams, M.D.

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665006

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 47c

G665006
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 St. Paul Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Canada (b) County Wellington
(c) City or town Guelph
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Lawder Nairn

3 (b) If veteran, name war -

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1877

8. AGE: Years 70 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Palmerston, Canada
(Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER
12. Name Lewis Nairn
13. Birthplace Canada

MOTHER
14. Maiden Name Ann Cameron
15. Birthplace Canada

16 (a) Informant Miss Elizabeth Nairn
(b) Address 904 St. Paul St.

17 (a) Removal (b) Date thereof 7/14/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Guelph, Ontario, Canada

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 24 1948 registered (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 1948 at 6:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchogenic Carcinoma
with Bone Metastasis (Ribs)

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer, Jr. M.D.
Medical Examiner.
Date signed 13 July 1948

VS 151

X

G65007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G65007 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. 31 (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Chester St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN W. GRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband or~~ wife Margaret Knott Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1869

8. AGE: Years	Months	Days	If less than one day
78	11	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrician + Helper
11. Industry or business Retired

FATHER
12. Name Hughar Gray
13. Birthplace MD.

MOTHER
14. Maiden Name Mary E. Wood
15. Birthplace MD

16 (a) Informant Phillip Gray
(b) Address 918 Todmarsh Rd. Balto. 25

17 Final (Burial, cremation, or removal) (b) Date thereof July 17 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Philbon & Dye
(b) Address 1217 E. Fayette St

JUL 15 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1948 to July 14 1948 and that I last saw him alive on July 14 1948.

Immediate cause of death Cerebral Vascular Accident — Duration 4 wk

Due to Chronic Arteriosclerosis — Duration indefinite

Due to

Other Conditions Bronchopneumonia — Duration 6 days

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: Gangrene of hand

of autopsy: Cerebrovascular Accident & Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Bonn Jr. M. D.
Address Mercy Hospital Date signed 7-14-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G665008

Registered No. G665008

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2075 Rockrose Avenue
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 -
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County *
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2075 Rockrose Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Polleyette

3 (b) If veteran, name war: no
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Clara
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 27, 1884

8. AGE: Years 64 | Months 0 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Insurance Agent
11. Industry or business

FATHER
12. Name: Nelson Polleyette
13. Birthplace: France

MOTHER
14. Maiden Name: Catherine Loeffler
15. Birthplace: Germany

16 (a) Informant: Carolyn Polleyette
(b) Address: 3635 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-48 (month) (day) (year)
(c) Cemetery or crematory: Cemetery
Location: New Cathedral Cemetery

18 (a) Funeral director: Wm. Cook, Inc.
(b) Address: 1217 St. Paul Street

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 7:58 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948 to July 14 1948 and that I last saw him alive on July 14th 1948.

Immediate cause of death: Acute Subdeltoid Subdural Hemorrhage — Duration: 3 years
Due to: Cerebral Thrombosis — 14 months
Due to: a Hemiplegia — 7 days
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Alex Abercrombie M. D.
Address: 4603 Park Ave. Date signed 7/14/48

V S 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665009

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Reisterstown Road
(c) Hospital or institution: 13-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1875

8. AGE: Years 72 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Abraham Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Russia

16 (a) Informant Mr Robert Kushnick
(b) Address 3439 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Aitz Chaim Cong.
Location Washington Blvd.

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124- 26 W. North Ave.

19 JUL 15 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1947 to July 14 1948 and that I last saw h[illegible] alive on July 14 1948.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular disease	11 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Levin M. D.
Address 4818 Reisterstown Rd Date signed July 17/48

VS 150

G65010 G65010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 732 South Ann Street
(c) Hospital or institution: Home 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 31 (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 South Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rozalia Wojtasik

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Zelek.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1894 (?)

8. AGE: Years	Months	Days	If less than one day
54?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Joseph Milewski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Bruzia
15. Birthplace Poland

16 (a) Informant Bronislawa Jastrzewski
(b) Address 46 Wilcox St. Wilkesbarre, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location

18 (a) Funeral director Grace A. Weber
(b) Address 705 South Ann Street

19 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1948, at 11:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1948 to 7/13 1948 and that I last saw h[illegible] alive on July 13 1948

Immediate cause of death INTESTINAL OBSTRUCTION — Duration 7/7/48

Due to

Due to

Other Conditions FRACTURE LEFT HUMERUS — 2/20/48
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 20, 1948 at 4:00 P M
(c) Where did injury occur? Pratt St. Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury fell down elevator shaft

23. Signature Joseph F. Drenga M. D.
Address 209 S. Chester St Date signed 7/12/48

VS 2

G65011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Avalon Ave.
(c) Hospital or institution: 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Avalon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Castelia Lee Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William E. Ritter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1862

8. AGE: Years	Months	Days	If less than one day
85	8	15 16	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Pearson Herbert
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Susan Crosby
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. L. M. Langrall
(b) Address 2711 Garrison Blvd. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) July 17 1948
(c) Cemetery or crematory London Park Cem.
Location Balto. Md.

18 (a) Funeral director A. Bryan d'Evans
(b) Address 1400 E. Charles St. Balto 3 Md.

19 (a) [illegible] Washington [illegible]
(Date of birth) (month) (day) (year)

JUL 5 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Wed. July 14, 1948, at 4:32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1948 to July 14 1948, and that I last saw h[illegible] alive on July 13 1948

Immediate cause of death	Duration
Myocardial failure	2 mos
Due to Arteria - sclerosis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
Signature T. Sanders Lentz M. D.
Address Temple Sanders Date signed 7/14/48

X

665012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 665012

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2410 Jefferson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2410 Jefferson St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Matilda L. L. Meinsheim (Meinshein) (Menshein)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George Meinsheim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26-1857

8. AGE: Years	Months	Days	If less than one day
90	9	18	hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Spenner

13. Birthplace Germany

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant Albert Meinsheim

(b) Address 2410 Jefferso St.

17 (a) Burial (b) Date thereof July 17-48

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Pauls Path before Church

Location Cardiff Ave.

18 (a) Funeral director John A. Miller

(b) Address 2234 Jefferson St.

19 (a) [illegible] 25 1948 (b) Huntington Williams, M.D.

(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1948, at 9.45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1948 to 7/14 1948 and that I last saw her alive on 7/13 1948

Immediate cause of death	Duration
Myocardial Insufficiency	5 wks
Due to	
Due to	
Other Conditions Old age	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Amelia Link Sheppard M.D.

Address 2711 E. Lake Ave. Date signed 7/14/48

X

G65013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

Registered No. G65013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5117 Queensberry Ave
(c) Hospital or institution: 27 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5117 Queensberry Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie L. Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1900

8. AGE: Years 47 (48) | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Isaac Falb
13. Birthplace Austria

MOTHER 14. Maiden Name Bertha
15. Birthplace Austria

16 (a) Informant Harry H Miller
(b) Address 5117 Queensberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1400 Eutaw Place

19 [redacted] 15 [redacted] (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1948, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to July 14 1948, and that I last saw h[illegible] alive on July 14 1948.

Immediate cause of death: Cancer of the Breast with wide Spread metastases — Duration 5 Years

Due to:

Due to:

Other Conditions

(include pregnancy within 3 months of death)

Date of operation 1943

Major findings of operation: Ca of Breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Sharfstz M.D.
Address 5106 Park Heights Ave Date signed 7/15/48 M. D.

G65014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G65014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 W. North Ave
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write R.F.D. and name town)
(d) Street No. 2034 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Fuxman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1853

8. AGE: Years 95 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bernard
13. Birthplace Russia

MOTHER
14. Maiden Name Eva
15. Birthplace Russia

16 (a) Informant Jake Fuxman
(b) Address 2003 No Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (Authenticated by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14- 1948, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1948 to 7/14 1948
and that I last saw her alive on 7/14 1948

Immediate cause of death	Duration
Acute Myocarditis (a) failure	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Coronary Insufficiency	2 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Ashman M.D.
Address 1911 W North Ave Date signed 7/15/48

VS 150

BARSS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2004

Registered No. 065015

065015

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division ST

(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) today

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1425 McCulloh ST.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Hill Brogg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1890

8. AGE: Years 57 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Norfolk, Va.

(Town, county, and state)

10. Usual Occupation Teacher.

11. Industry or business

FATHER

12. Name George F. Brogg

13. Birthplace North Carolina

MOTHER

14. Maiden Name Nellie Hill

15. Birthplace Canada

16 (a) Informant Mrs Nellie Howell

(b) Address 2539 Montebello Terrace

17 (a) Burial (b) Date thereof July 14, 1948

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park Co.

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George A. Holland

(b) Address 1638 Druid Hill Ave

19 (a) JUL 15 1948 Huntington Williams Mgr

(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 Th 1948 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6-48 19 , to 7-12-48 19 , and that I last saw h[illegible] alive on 7-12 19 48

Immediate cause of death	Duration
Peripheral Circulatory Collapse	
Due to Cancer undetermined.	
Due to Possible Metastatic Adenocarcinoma	
Other Conditions	

over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Wm. J. McDonald Jr. M.D.

Address Provident Hospital Date signed 7-14-48

Geo. McDonald X

665016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

665016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Every correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 14 Slater Road (If rural give location) (Cherry Hill)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie B. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Horace Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1905

8. AGE: Years 43 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dennis Howard

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Ida Knowles

15. Birthplace

16 (a) Informant Horace Lee Scott

(b) Address 1214 Slater Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1948 (month) (day) (year)

(c) Cemetery or crematory Asbury Mem. Pk.

Location Baltimore Co. Md.

18 (a) Funeral director Wm. George H. Holland

(b) Address 1601 Druid Hill Ave.

19 (a) JUL 15 1948 (Date rec'd by registrar) Washington Williams

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1948, at 11 P.M. 50

21. I certify that I took charge of the remains described above, held an Inspection and Exam thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature George G. Weigel M.D. Medical Examiner.

Date signed 7/14/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 665017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Gilmor St. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jarrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Robert Jarrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1882

8. AGE: Years	Months	Days	If less than one day
66	1	17	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Neal Curtis
13. Birthplace Md.

MOTHER
14. Maiden Name Harriett Kenneth
15. Birthplace Md.

16 (a) Informant Sophie Ball
(b) Address 1602 Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 (a) [illegible] (Local Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948; at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1948 to July 11 1948 and that I last saw h.e alive on July 10 1948

Immediate cause of death	Duration
Cardio Vascular Disease	2 yrs.
Due to Cerebral Hemorrhage	3 days
Due to Hypertension	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature E. William Frey M.D.
Address 1928 Penna Ave Date signed 7/14/48

VS 150

G65018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65018

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Penna Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15+
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Penna ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Holland

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Wid

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/3 1883

8. AGE: Years 65 | Months - | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary Holland
(b) Address 2230 Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1803 Pleasant Ave Baltimore, Md

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 1948, at 9 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D. Medical Examiner.
Date signed 13 July 1948

X

G65019

CERTIFICATE CORRECTED 9-28-49 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. G65019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians:- please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + Calvert Sts

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 9 12-2

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 6F

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County —

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 2917 N. CALVERT (If rural give location)

(e) Citizen of foreign country? -MO (Yes or No)

If yes, name country

3 (a) FULL NAME ~~Dan~~ CARRIE E. R. DANEKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 13 1880

8. AGE: Years	Months	Days	If less than one day
68	6	0	..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Librarian

11. Industry or business Enoch Pratt Library

FATHER

12. Name WILLIAM H. DANEKER

13. Birthplace Maryland (Balto.)

MOTHER

14. Maiden Name CARRIE E. Kerner

15 Birthplace Balto Maryland

16 (a) Informant Mr. Jerome G. Daneker

(b) Address 2917 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) [signature illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 13 1948, at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5 1948 to 7/13 1948 and that I last saw h. alive on 7/13 1948

Immediate cause of death SUBDURAL HEMATOMA — Duration 3 wks

Due to STRUCK BY LADDER

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: SAME

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/2

(a) Accident, suicide, or homicide ACCIDENT

(b) Date of occurrence JUNE 20 at ? M

(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)

(e) Means of injury Ladder struck pt's head

23. Signature [signature]

Address U. M. H. Date signed 7/14/48

[signature] M. D.

VS 150

G65020 ✓ G65020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 N. Montford Ave
(c) Hospital or institution: 6-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph W. Balcer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Veronika

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Balcer

FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name

MOTHER 15. Birthplace Poland

16 (a) Informant Veronica Balcer

(b) Address 25 N. Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-48 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto. Co.

18 (a) Funeral director Wm. S. Fialkowski

(b) Address 2007 Eastern Ave

19 (a) (Registered by registrar) (b) Washington Williams Registrar

7 15 1948

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1947 to July 14 1948 and that I last saw h[illegible] alive on 7/14 1948

Immediate cause of death	Duration
Emphysema severe	3 yrs
Due to Right sided heart failure	1 month
Due to Chronic Asthma	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison M. D.

Address 11 E. Chase St Date signed 7/15/48

X

G65021

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65021
CERTIFICATE OF DEATH 1063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Dorothy Myers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Harry P. Myers
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr) Feb 6, 1917

8. AGE: Years	Months	Days	If less than one day
31	5	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Clarence W. Denbow
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Boyd
15. Birthplace Md.

16 (a) Informant Harry P. Myers
(b) Address 1609 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Belair Md.

18 (a) Funeral director Paul E. Schemmerhorn Jr.
(b) Address 3615 N. Chestnut Ave.

19 (a) (b) (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 13 1948, and that I last saw her alive on July 13 1948.

Immediate cause of death	Duration
Ventricular heart failure	
Due to Cor Pulmonale	
Due to Bronchectasis & Fibrosis	
Other Conditions Ascites & edema. Rt. Heart failure (Include pregnancy within 3 months of death)	

Date of operation none
Major findings of operation: same as above
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Beam MD M. D.
Address Un. Hosp. Date signed 7/14/48

X

G65022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G65022 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2820 Ellicott Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie E. Gilliss

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Daniel T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 18-1869

8. AGE: Years 78 | Months 8 | Days W | If less than one day hr. min.

9. Birthplace: Woodbine Md (Town, county, and state)

10. Usual Occupation: None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15 Birthplace ?

16 (a) Informant: Elsie M. Dollenger
(b) Address: 2820 Ellicott Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1948 (month) (day) (year)
(c) Cemetery or crematory: Morgan Chapel
Location: Woodbine-Carroll Co. Md

18 (a) Funeral Director: Pratt & B.M. Walter
(b) Address: Pratt Stricker Sts

19 (a) JUL 15 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/13 1948
and that I last saw deceased alive on 7/13 1948

Immediate cause of death: Carcinoma Of Rectum — Duration: 6 mos
Due to:
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Chas A Cahn
Address: 2145 W Balto St Date signed 7/14/48 M.D.

G65023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104B

Registered No. G65023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1059 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRIS Ella Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	✓

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-17

8. AGE: Years	Months	Days	If less than one day
31	2	13	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name	Ben Harris
13. Birthplace	N.C.
MOTHER 14. Maiden Name	Diana Hoff
15 Birthplace	N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7-16-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. A. County, Md.

18 (a) Funeral director Joseph S. Lockard
(b) Address 3624 N. Central Ave

19 (a) JUL 15 1948 (b) Huntington Williams Mortuary
(Date rec'd by registrar)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 11 a 56 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13-L 1948, to 7-13- 1948, and that I last saw her alive on 7-13- 1948.

Immediate cause of death	Duration
Brain abscess	about 1-1 wk
Due to Sinusitis & Acute E. Thmoid	?
Due to H. influenzae	
Other Conditions Meningitis	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: 7-13-48 as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Bertram E. Sprafkin
Address JOHNS HOPKINS HOSPITAL Date signed 7/13/48
M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65024
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Hubbard Alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hubbard Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Marie TONGUE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace Va

16 (a) Informant: William Thomas
(b) Address 608 Hubbard Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County, Md.

18 (a) Funeral director Joseph E. Lasky
(b) Address 1304 N. Central Ave

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 9:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection and Exam Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/14/48

G65025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Hilton Street
(c) Hospital or institution: Ashburton House 27 Days
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest S. Bell

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs. May Bell

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 26 1889

8. AGE: Years 59 | Months 5 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Gary, Indiana (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Private Chauffeur

FATHER 12. Name Charles N. Bell

13. Birthplace Georgia

MOTHER 14. Maiden Name Nellie B. Ford

15. Birthplace Georgia

16 (a) Informant Mrs. May Bell

(b) Address 1922 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1948 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Co. Md.

18 (a) Funeral director Hollis Lawrence

(b) Address 4510 Liberty Heights Ave

19 (a) Date received JUL 15 1948 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 11 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1943 to July 14, 1948 and that I last saw h[illegible] alive on July 14, 1948

Immediate cause of death: Hypertensive Cardio-Vascular-Renal disease — Duration: 4 years

Due to

Due to

Other Conditions: Cerebral a certain — 2 years.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Simmonds.
Address Medical Arts Bldg Date signed 7/15/48

665026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

Registered No. 665026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1867 Jefferson Pk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Doswell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male 5. Color or race Colored 6 (a) Single, married, ~~widowed, or divorced~~ M

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-85

8. AGE: Years 63 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Steel worker

11. Industry or business

FATHER 12. Name James Doswell
13. Birthplace Va.

MOTHER 14. Maiden Name Martha Knight
15. Birthplace Va.

16. (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof July 16/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Meherrin Va.

18 (a) Funeral director Mrs. R. H. A. Ellis & Son
(b) Address 1129 N. Carlin St

19 (a) July 15 1948 (b) Huntington W. Williams M.D.
(Signature of registrar) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-1948 at 9:48 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1948, to 7-17 1948
and that I last saw alive on 7-12 1948

Immediate cause of death Cerebral atrophy ? Subarachnoid hemorrhage

Due to Generalized arteriosclerosis

Due to

Other Conditions ? Syphilitic endarteritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cerebral atrophy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. D. Jackson M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 7/17/48

83a

G65027 B61347 BALTIMORE CITY HEALTH DEPARTMENT 1794 Registered No. G65027

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3/4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 George Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin Draper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-46 1947

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name James W. Draper
13. Birthplace Darby Pa

MOTHER
14. Maiden Name Sucrel Moon
15. Birthplace Baltimore Md

16 (a) Informant James W. Draper
(b) Address 762 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Thos O. Wilson
(b) Address 1700 Bentley ave

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) Thurlington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 1 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Kerosine Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 17/3
(a) Date of injury 7-12-48 at Approx. 9:45 P.M.
(b) Where did injury occur? 762 George Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Ingestion of Kerosine

23. Signature M.D.
Medical Examiner.
Date signed 7-13-48

VS 151

G65028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G65028

GM. 121052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Lombard ST. E. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Malissa Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife David Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 27 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	11	16		

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isach Carr (D)
13. Birthplace N.C.

MOTHER
14. Maiden Name Abby ?
15. Birthplace N.C.

16 (a) Informant records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) JUL 15 1948 (Date rec'd by Registrar) Huntington Williams, M

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 12 - 1948, at 5.37 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 7 - 1948 to 7- 12- 1948, and that I last saw her alive on 7- 12- 1948

Immediate cause of death	Duration
GASTRO INTESTINAL HEMORRHAGE	2 DAYS
Due to ULCER OF STOMACH	3 DAYS
Due to HYPERTENSION	2 YEARS
Due to CEREBRAL HEMORRHAGE	2 WEEKS
Other Conditions DIABETES MELLITUS + OBESITY	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: NONE
of autopsy: ULCER OF STOMACH

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jernigan M. D.
Address Baltimore City Hosp Date signed 7-13-48

63a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171a

G65029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Marion
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Guy D. Willing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory Edgehill
Location Crematorium

18 (a) Funeral director Leigh & Leigh
(b) Address 403 St Paul St

19 [redacted] 15 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

35

20. DATE OF DEATH July 15, 1948, at 4 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull with Intracranial Hemorrhage

Due to

Other Conditions Fractured ribs, right, 2nd and 3rd.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/7/48 at 12 45 A.M. 4/1
(b) Where did injury occur? Lombard St. at market Place
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell struck by street car

23. Signature [signature] M.D.
Medical Examiner
Date signed 7/15/48

VS 151

G65050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178

Registered No. G65030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or Institution St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 N. Wolfe
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — —

3 (a) FULL NAME John Walter Barber

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 9, 1911

8. AGE: Years 37 | Months 4 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Black & Decker

FATHER
12. Name Walter Barber
13. Birthplace Md.

MOTHER
14. Maiden Name Eugenia Henry
15. Birthplace Md

16 (a) Informant Joseph V. Barber
(b) Address 1035 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeller Inc
(b) Address 403 S. Wolfe St. 31

19 (a) JUL 15 1948 (Date rec'd by Registrar) (b) Thurlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1948 at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1948 to 7-14 1948 and that I last saw h m alive on 7-14 1948

Immediate cause of death	Duration
Cardio respiratory failure	
Due to generalized Ischytomesis +	
Due to Toxemia	
Other Conditions Perforated Duodenal Stump	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Duodenal ulcer perforating
of autopsy: Chemical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B Wells MD M. D.
Address St Jos Hosp Date signed 7-14

665031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 665031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 S. Kenwood Ave.
(c) Hospital or institution:
– none –
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country – – –

3 (a) FULL NAME Marguerite (Rita) Kaifer

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1894

8. AGE: Years	Months	Days	If less than one day
54	3	29	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business –

FATHER
12. Name Albert A. Kaifer
13. Birthplace ?

MOTHER
14. Maiden Name Barbara Schmidt
15. Birthplace ?

16 (a) Informant Mary A. Kaifer
(b) Address 500 S. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Wolfe St. 31

19 (a) 7-15-1948 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1947 to July 14 1948 and that I last saw h[illegible] alive on July 12 1948.

Immediate cause of death	Duration
Acute Cardiac Failure	
Due to Cerebral Hemorrhage	
Due to Cardio-vascular-Renal	
Other Conditions Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E A Flannigan M. D.
Address 3503 Fait Ave Date signed 7-13-48

X

G65032 Asl 3

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G65032

CERTIFICATE OF DEATH 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot Co
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Florine Hurdle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-95

8. AGE: Years 53 | Months 3 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Ala (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Downes Jones

13. Birthplace Ala

MOTHER 14. Maiden Name Agnes Jones

15. Birthplace Ala

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 17-48 (month) (day) (year)

(c) Cemetery or crematory CHAPEL CEMETERY

Location CHAPEL MARYLAND

18 (a) Funeral director JOHN P. WILLIAMS

(b) Address EASTON MD

19 (Date received by Registrar) JUL 15 1948 (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15- 1948, at 7:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1948 to 7-15- 1948, and that I last saw her alive on 7-14- 1948

Immediate cause of death: Myocardial Infarction, acute — Duration: about 2 days

Due to: Coronary arteriosclerosis — Duration: ?

Due to: —

Other Conditions: Diabetes mellitus; Hypertensive cardiovascular disease — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: see above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Bertram E. Sprotte

Address JOHNS HOPKINS HOSPITAL Date signed 7/15/48 M. D.

V S 150

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GG5033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. GG5033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenridge Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Nelson HELD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1937

8. AGE: Years	Months	Days	If less than one day
10	6	22	— hr. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business At Home

FATHER
12. Name Charles W. Held, Jr.
13. Birthplace Towson, Md.

MOTHER
14. Maiden Name Harriette Wright
15. Birthplace W. Va.

16 (a) Informant Charles W. Held, Jr.
(b) Address Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1948 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 JUL 15 1948 (Date rec'd by registrar) (b) Huntingdon Pennsylvania Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Intracranial hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-13-48 at 6:35 P.M.
(b) Where did injury occur? York Rd. at Hunt's curve
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Auto accident - overturned

23. Signature George L. Merrell M.D.
Medical Examiner.
Date signed 7/14/48

G65034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65034

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 S. Chapel Gate Lane
(c) Hospital or institution: Pine Crest Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman C. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 57 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Penna (Town, county and state)

10. Usual Occupation Machinist's Helper

11. Industry or business Kemp Mfg Co.

FATHER
12. Name Daniel Price
13. Birthplace Penna

MOTHER
14. Maiden Name Cora Clarke
15. Birthplace Canada

16 (a) Informant Geo. A. Snyder
(b) Address 24 W. Franklin St. Y.M.C.A.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director W. J. Cook, Inc.
(b) Address 1217 E. Paul St.

19 7-16-1948 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948. 1.52 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948, to July 14 1948, and that I last saw him alive on July 14 1948

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to:	
Due to:	
Other Conditions: Partial paralysis of the left side of the body (Include pregnancy within 3 months of death)	7 months

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin N. Borden M. D.
Address 2031 W. Fayette St Date signed 7/15/48

V S 150

107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. G65035

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2270 Park Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST J. BAUER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7597

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Ruth Bauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9th 1899

8. AGE: Years 49 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Secretary of

11. Industry or busine: D'Alexandro & McCulloch Inc. Co.

FATHER
12. Name: Wm E. Bauer
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Fannie Bolton
15. Birthplace: Balto. Md.

16 (a) Informant: Dr. Robt. E. Bauer
(b) Address: 2270 Park Hill Ave.

17 (a) Burial (b) Date thereof 7/17/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~: Parkwood
Location: Parkville Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) JUL 16 1948 Thurlington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1948, at 1:55 A.M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of brain
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was ~~known~~ ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-15-48 at 12:55 A.M.
(b) Where did injury occur? 515 Stanford Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Firearms

23. Signature: Howard J. Madden M.D.
Medical Examiner.
Date signed 7-15-48

VS 151

G65036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 N Barre St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 N Barre St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn May Shoemaker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1907

8. AGE: Years 40 | Months 7 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

PARENTS

FATHER 12. Name Frank Gillespie
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Lelia Nagle
15. Birthplace Baltimore Md

16 (a) Informant Frank Shoemaker
(b) Address 119 N Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn Md

18 (a) Funeral director Wilbur M. Cook Inc
(b) Address 217 E Fayette St

19 (a) JUL 15 1948 (Date rec'd by registrar) (b) Transit to Williamsport, Md Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1948 to July 14 1948, and that I last saw her alive on July 13, 1948.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 2

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 7/14/48

665036 Hospital Disposal C-48-1250

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 159

Registered No. 665037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Dundalk
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 East Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Broadwater

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/9/48

8. AGE: Years	Months	Days	If less than one day
		1	..... hr. ..... min.

9. Birthplace Md
(Town, County, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Virgil Broadwater
13. Birthplace W. Va.

MOTHER 14. Maiden Name Pledia Rosier
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location.....

18 (a) Funeral director.....
(b) Address.....

19 (a) JUL 16 1948 (b) Huntington-Williams, Mt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 20

20. DATE OF DEATH July 10 19..., at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-19 48 to 7-10-19 48 and that I last saw h... alive on 7-10-19 48.

Immediate cause of death Prematurity	Duration
Due to.....	
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature John L. Ryan M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-10-48

V S 150

X

~~665038~~ Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 160 C

Registered No. 665038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Johnsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 7/11/48

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Howard

13. Birthplace

MOTHER 14. Maiden Name Viola ?

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) JUL 16 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-48 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14-48 to 19, and that I last saw living on 7-14-48.

Immediate cause of death	Duration
Convulsions	
Cerebral Edema	
Due to Prolonged Labor	
Due to	
Other Conditions Infant died	
Due to premature birth 1 minute	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No F. to Hosp Staff

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Markowitz M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 7-15-48

V S 150

G. A. Merrill MD X

G65039 Hospital Disposal
BC-48-14885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. G65039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town, write RURAL and give county)
(d) Street No. 414 Pilgrim Pl (If rural give location) Race
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Jones "B"

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/12/48

8. AGE: Years | Months | Days | If less than one day: 17 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Alice Jones
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Hoot Funeral
(b) Address

19 (a) 7-15-1948 (Date rec'd by registrar) Clayton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1948 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1948 to 7-12 1948 and that I last saw h[illegible] alive on 7-12 1948

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Ryan M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-13-48

V S 150

665040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 E

Registered No. 665040

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 755 Bradley Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 755 Bradley Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bettie Durham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: colrd

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wallace Durham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 54 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Martin Alston
13. Birthplace Va

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Lehmyer Durham
(b) Address 1131 Wilmot Ct

17 (a) Burial (b) Date thereof 7/19/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Blackman
Location Henderson & C

18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna Ave

19 (a) JUL 16 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to 7/17/48 19, and that I last saw h alive on 7/13/48 19

Immediate cause of death	Duration
Cardiac Condition	unknown
Due to Cardiac Arthma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter F Brown M. D.

Address 401 Edmondson Date signed 7/19/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Arie Wansel

G65041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G65041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Cumberland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arie A. Wansel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (d) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William T. Wansel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1876

8. AGE: Years	Months	Days	If less than one day
72	3	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER
12. Name William Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Ardelle Roberts
15. Birthplace Md.

16 (a) Informant William T. Wansel Husband
(b) Address 716 Cumberland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1948 (month) (day) (year)
(c) Cemetery or crematory Dorchester Cem.
Location Cambridge Md.

18 (a) Funeral director John H. Johnson
(b) Address 734 Lanvale Ave

19 (a) (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 14 1948, and that I last saw h[illegible] alive on July 14 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to Hypertensive cardiovascular renal disease	3 yrs
Due to	
Other Conditions Diabetes mellitus	15+ yrs.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James B. Carr M. D.
Address 515 Mulberry St Date signed 7.16.48

VS 150

1310

665042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 13B

665042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 E Lombard St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 E Lombard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA F. ELLISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife William H. Ellison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1894

8. AGE: Years	Months	Days	If less than one day
54	6	6	hr. min.

9. Birthplace Greenville, N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Arden Evans
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucy ?
15. Birthplace N. C.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/48 (month) (day) (year)
(c) Cemetery or crematory Bells chapel
Location Greenville, N. C.

18 (a) Funeral director Geo. E. Nelson
(b) Address 1303 Greenmount Ave.

19 (a) JUL 16 1948 (Date rec'd by reg.) Washington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 46 1946 to July 7 1948 and that I last saw h[illegible] alive on 6 July 1948

Immediate cause of death: Pneumonia, tuberculosis — Duration: 2 wks.
Due to: Pulmonary tuberculosis — Duration: 18 mo.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Miller
Address 1623 E Nelson St. Date signed 7/18/48

VS 150

G65043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Lemmon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 1305 Lemmon St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1895

8. **AGE:** Years 52 53 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Butler
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Theresa A. Butler
15. Birthplace Charles Co. Md.

16 (a) Informant Mrs. Catherine Bennett
(b) Address 1306 Lemmon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/19 (month) (day) (year)
(c) Cemetery or crematory Family Lot
Location Issue, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1634 Druid Hill Ave

19 (a) [illegible] 16 19 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-48 19 , at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14/48 19 , to 7/14 19 48 and that I last saw h[illegible] alive on 7/14 19 48.

Immediate cause of death Uremia — Duration 1 week

Due to Hypertension Chronic Vascular Renal

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Neilson, Jr. M.D.
Address 1 W. Lafayette Ave Date signed 7/16/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65044

BALTIMORE CITY HEALTH DEPARTMENT X 46E

CERTIFICATE OF DEATH

Registered No. G65044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2075 Lock Raven Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 W. Overlea Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** William C. Pick

3 (b) If veteran, name war: No
3 (c) Social Security Account No. Yes

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: AGNES R. PICK
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 5/25/1879

8. AGE: Years 69 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Collector

11. Industry or business Wm. J. KAUFMAN

FATHER
12. Name Rudolph Pick
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Bleakly
15. Birthplace Unknown

16 (a) Informant Mrs. Lucille Chiles
(b) Address 4111 W. Overlea Ave. - 6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director William J. Tickner & Son
(b) Address Baltimore, Md.

19 JUL 16 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1948 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1948 to July 15 1948 and that I last saw him alive on July 14 1948.

Immediate cause of death: Carcinomatosis - site of origin unknown - perhaps colon. — Duration: 8 mo.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irvin Sarter M. D.
Address 3003 Harrison Blvd Date signed 7-16-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 665045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 "H" Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Dunnington

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21-1933

8. AGE: Years 12 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Miles
13. Birthplace Va

MOTHER
14. Maiden Name Julia Dunnington
15. Birthplace Charles Co Md

16 (a) Informant Julia Jones
(b) Address 1200 H Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Anne Arundel Co. Md

18 (a) Funeral director Robert E. Williams
(b) Address 15-15 McElderry

19 (a) JUL 16 1948 (Date received by Registrar) Huntington Williams Jr. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948, at 11 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/12/48 at 3/2 A.M.
(b) Where did injury occur? Under H. St. Bridge
(c) Did injury occur at home; on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Drowned

23. Signature Howard J. Mecrais M.D.
Medical Examiner.
Date signed 7-12-48

VS 151

G65046

AB-121195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. G65046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Quail St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Way

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 15- 1892

8. AGE: Years 56 | Months - | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Kuern (D
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Smith (D
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-48 (month) (day) (year)
(c) Cemetery or crematory Westlawn
Location Eastern Ave.

18 (a) Funeral director Thos. J. Connelly
(b) Address 4940 Eastern Ave. Balto

19 (a) JUL 16 1948 (b) Huntington Williams, MD
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14- 1948 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12- 1948 to 7-14- 1948, and that I last saw her alive on 7-14- 1948.

Immediate cause of death Cardiac Failure — Duration 2hrs

Due to

Due to

Other Conditions Coronary Thrombosis — Duration 2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman J. Cole, M.D.
M. D.
Address 4940 Eastern Ave Date signed 14 July 48

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

665047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. 665047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ~~10~~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 McCabe Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion E. Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joshua E. Norris

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1882

8. AGE: Years 65 | Months 11 10 | Days 14 15 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Holmes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Gamble
15. Birthplace Balto. Md.

16 (a) Informant Joshua E. Norris
(b) Address 722 McCabe Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUL 16 1948 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1948 to 7-15 1948 and that I last saw h[illegible] alive on 7-16 1948.

Immediate cause of death Bronchogenic Carcinoma & generalized metastases — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert M. Smithey M. D.
Address Maryland Gen. Hosp. Date signed 7-15-48

VS 150

correct age is especially important. Physicians: please write the

665048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 175c

Registered No. 665048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.+
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1260 Otterbein St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Isaac GREEN LEE(AF)

3 (b) If veteran, name war: ø

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/1894

8. AGE: Years 53 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James (GREENLEE) Greenleaf
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace S.C. GREENLEE

16 (a) Informant Estella E. Greenleaf
(b) Address 260 Otterbein Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Isaiah L Brown, Son

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1086 Montgomery Street

19 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 8:05 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ or suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fractured Skull

Due to: Intracranial hemorrhage

Due to: Contusion of brain

Due to: Hemorrhage of brain

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-13-48 at 5:00 P.M.
(b) Where did injury occur? Annapolis, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? ~~probably farm~~ While at work? yes
(d) Means of injury Struck by fall of tree

23. Signature George G. Merrell M.D. Medical Examiner.
Date signed 7/14/48

VS 151

X.

ITEMS OF INFORMATION, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92B

G65049
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 N. Fremont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kinsley Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 1899

8. AGE: Years: 48 | Months: 11 | Days | If less than one day: hr. min.

9. Birthplace: Kentucky
(Town, county, and state)

10. Usual Occupation: unemployed.

11. Industry or business

FATHER
12. Name: John Kinsley
13. Birthplace: Ky.

MOTHER
14. Maiden Name
15. Birthplace: Ky.

16 (a) Informant: Lelia P. Murchison
(b) Address: 510- Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)

(c) Cemetery or crematory
Location: Pro. Cemetery

18 (a) Funeral director: A. Halstead
(b) Address: 918- Linwood Ave.

19 (a) Filed 1948 (b) (Registrar)
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 7:02 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bronchopneumonia
Natural Sequence
Secondary TBS & J.R.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L. Beck M.D.
Medical Examiner.
Date signed July 16, 1948

VS 151

G65050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. G65050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth L. Schumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Sep

6 (b) Name of husband or wife: Philip Jos. Schumann

6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) 12-01-88

8. AGE: Years 59 | Months 7 | Days 11 | If less than one day 14 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or Business

FATHER 12. Name George Bradley

13. Birthplace

MOTHER 14. Maiden Name Cora Cox

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3601 Frederick Ave

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Place

19 (a) JUL 16 1948 (Date received by registrar) (b) Registrar

V S 150

MEDICAL CERTIFICATION

37

20. DATE OF DEATH July 15 1948, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2-1948 to 7-15-1948; and that I last saw her alive on 7-15-1948.

Immediate cause of death	Duration
Bile peritonitis	2 wks
Due to Perforation of Gall Bladder	
Due to Cholecystitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 2, 1948

Major findings of operation: Cholecystitis, cholelithiasis,

of autopsy: Perforation of Gall Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David C. Saviston Jr. M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

Saviston, Jr. X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

665051
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 150 N. Potomac
(c) Hospital or institution:
61
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 N. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Dominski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Dominski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 76 | Months — | Days — | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry of business at Home

FATHER
12. Name John Schap
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Helen Filgour

(b) Address 150 N Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/48 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary

Location Baltimore

18 (a) Funeral director Fred W. Ozazewski

(b) Address 1930 Eastern Ave

[redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1945 to July 14, 1948 and that I last saw her alive on July 7, 1948

Immediate cause of death: Coronary Thrombosis — Duration: 10 min.

Due to: Cardiovascular Disease — Unknown

Due to: Diabetes Mellitus. — Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip or Antigiano

Address 2942 E. Fayette St. Date signed 7/18/48

VS 150

X

G65052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65052 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 N. Caroline Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGIA ANNA GUYTON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Thomas Guyton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 6, 1876

8. AGE: Years	Months	Days	If less than one day
71	7	8	hr. min.

9. Birthplace: Marysville, Pa. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: George W. Eby
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Mary Jane File
15. Birthplace: Penna.

16 (a) Informant: Miss Elizabeth Guyton
(b) Address: 1722 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1948, to July 14 1948 and that I last saw her alive on July 14 1948.

Immediate cause of death	Duration
Coronary Thrombosis	18 days
Due to Hypertension and Arteriosclerotic C.V. Disease	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Bremyer
Address 1402 E. Lanvale St. Date signed 7-15-48

VS 150

G65053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65053
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Kellum ave

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 147 S. Monroe St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Robert R. Wharton.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: divorced.

6 (b) Name of husband or wife: Sara Birnel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-1865.

8. AGE: Years 82 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business Stationary Engineer.

FATHER 12. Name James Richard Wharton.

13. Birthplace Md.

MOTHER 14. Maiden Name Henrietta Clark.

15. Birthplace Md.

16 (a) Informant Richard C. Wharton.

(b) Address 2925 W. North Ave.

17 (a) Burial. (b) Date thereof July 17-48.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge Cems.

Location

18 (a) Funeral director Charles J. Schwabe

(b) Address 3512 Frederick Ave.

19 (a) [illegible] 1948 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1948 to 7/14 1948 and that I last saw him alive on 7/14 1948

	Duration
Immediate cause of death Cerebral Infarct -	
GENERALIZED	
Due to ARTERIOSCLEROSIS	
AND ARTERIOSCLEROTIC	
Due to CARDIO-VASCULAR	
DISEASE - PNEUMONIA	
Other Conditions AND CONGESTION	
OF RIGHT LUNG -	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: AS ABOVE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John N. Shaw M. D.

Address 1 E. Lexington Date signed 7/14/48

JUL 16 1948

VS 150

G65054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G65054

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 6
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 E. Street
(If rural give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Theodosia McGee~~ Theodosia S. McGee

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife MR. Charles H. McGee
6 (c) If alive, give age Not known years

7. Birth date of deceased (mo., day, yr) Feb 23, 1872

8. AGE: Years	Months	Days	If less than one day
76 78	4	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ~~Not Known~~ Geo. McKenney
13. Birthplace Not known Md.

MOTHER
14. Maiden Name Sackett Winchester
15. Birthplace Md.

16 (a) Informant MRS. Theodosia McGee
(b) Address 768 E. St. Sparrows Pt.

17 (a) Burial (b) Date thereof July 17, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Blvd.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave, Balto 22, Md.

19 (a) [illegible] 6 1948 (b) Huntington for Williams, M.D.
(Date received by Registrar) (year) Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 July 1948, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1948 to 7-14 1948, and that I last saw her alive on 7-14 1948.

Immediate cause of death Cardiac failure — Duration 4 hrs.
Terminal Static pneumonia
Due to Neoplasia Thyroid gland — 10 years
with mediastinal pressure
Due to
Other Conditions Atelectasis L Lower Lung — Duration
Cavernous nasopharynx
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. M. Howard M. D.
Address Church Home-Hosp. Date signed 7-14-48

111c

G65055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65055 Registered No.

Please answer all questions clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Murphy.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 19, 1946

8. AGE: Years 1 | Months 21 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Francis C Murphy
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Mary C Garfield
15. Birthplace Howard Co Md

16 (a) Informant Mr Francis Murphy
(b) Address Darlington Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1948 (month) (day) (year)
(c) Cemetery or crematory Darlington Cem
Location Harford Co Md

18 (a) Funeral director H L Bailey
(b) Address Darlington Md

19 (a) [redacted] 16 1948 (Date rec'd by registrar) (b) Darlington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1948 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 July 1948, to 15 July 1948 and that I last saw him alive on 9:30 pm 1948.

Immediate cause of death, Increase intracranial pressure — Duration

Due to Cerebellar Tumor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Davis M.D.
Address same Hosp. Date signed 16 July 48

VS 139

Dr. Battaglia
5829 Belair Road

G65056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6718 Everall Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6718 EverallL Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY B. RIST

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Constantine A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13-1877

8. AGE: Years 71 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Killian Waldhauser
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. Constantine A. Rist
(b) Address 6718 Everall Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) JUL 16 1948 (Date rec'd by registrar) Washington Avenue, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 19 48 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20/ 1946 to 7/12 1948 and that I last saw h[illegible] alive on 7/12 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Cardiovascular Disease	15 yrs.
Due to	
Other Conditions Diabetes Mellitus	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. J. Battaglia M. D.
Address 5829 Belair Rd Date signed 7/15/48

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665057 X

BALTIMORE CITY HEALTH DEPARTMENT X 43a Registered No. 665057

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5440 Belair Rd.
(c) Hospital or institution: Gardenville Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Perry Hall, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET JASPER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Frederick R. Jasper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28th 1880

8. AGE: Years	Months	Days	If less than one day
67	11	18	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Mullhausen
13. Birthplace —

MOTHER
14. Maiden Name Elizabeth Anna —
15. Birthplace —

16 (a) Informant Mr. Louis Jasper
(b) Address 4801 Hamilton Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/18/48 (month) (day) (year)
(c) Cemetery or crematory St. Michaels Lutheran
Location Perry Hall, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (Date rec'd by registrar) JUL 16 1948 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th, 1948, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1948 to 7/15 1948, and that I last saw h. alive on 7/14 1948.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	12 HRS
Due to HYPERTENSION	5 YRS
Due to CEREBRAL ARTERIOSCLEROSIS	5 YRS
Due to	
Other Conditions HEMIPLEGIA, LEFT	5 YRS

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 6331 Belair Rd. Date signed 7/16/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A 32a

Registered No. 665058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Gilmor Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife EMMA Byrd

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) MARCH 15, 1885

8. AGE: Years 63 | Months 4 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Essex County, VA.
(Town, county, and state)

10. Usual Occupation FARMER

11. Industry or business

FATHER
12. Name Robert Byrd
13. Birthplace Essex County, VA.

MOTHER
14. Maiden Name HANNAH DAVIS
15. Birthplace Essex County, VA.

16 (a) Informant Lucy Washington
(b) Address 403 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)

(c) Cemetery or crematory Angel Visit Baptist
Location Tappahannock Va.

18 (a) Funeral director Chas. S. Coffin
(b) Address 530 Carrollton Ave.

19 (a) JUL 16 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1948 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st, 1948, to July 15, 1948, and that I last saw him alive on July 14, 1948

	Duration
Immediate cause of death CARDIAC Failure	Several days
Due to Cerebral Hemorrhage	1 Week
Due to Hypertension	7 Months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Hunt M. D.
Address 1631 W. Franklin St. Date signed 7-16-48

VS 190

665059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

Registered No. 665059

Please write the causes of death clearly and legibly. Physicians: please write the exact age as especially important. Penalty for failure to supply this information is a fine of not more than $100.00 (Sec. 251, Art. 43, Code 1939)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2445 Jefferson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2445 Jefferson Street
2445 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT DOBIHAL

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 218-05-5598

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1888

8. AGE: Years	Months	Days	If less than one day
60	2	22	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Vacovsky Bakery

FATHER
12. Name James Dobihal
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anna Novak
15 Birthplace Czechoslovakia

16 (a) Informant Jerry Dobihal -brother
(b) Address 2445 Jefferson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane

18 (a) Funeral director Schimunek Funeral Home Inc
(b) Address 2601-03-05 E. Madison Street

19 (a) JUL 16 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 12:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1948 to July 16 1948.
and that I last saw him alive on July 15 1948.

	Duration
Immediate cause of death	
Carcinoma of Lung	3 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2700 E Madison St Date signed 7/16/48

VS 150

665060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. 665060

Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Mercy Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 da

(e) Length of stay in Baltimore (yrs., mos., or days): 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County: Baltimore

(c) City or town: (If outside city or town limits, write RURAL and give town)

(d) Street No.: 2826 E. Chase Street (If rural give location) no

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3 (a) FULL NAME Robert St. Andrew Lotsey

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Estelle P. Lotsey

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 7, 1880

8. AGE: Years: 67 Months: 11 Days: 6 If less than one day: hr. min.

9. Birthplace: Richmond Va. (Town, county, and state)

10. Usual Occupation: Retired - B & O R.R.

11. Industry or business:

FATHER

12. Name: Robert Lotsey

13. Birthplace: Richmond, Va.

MOTHER

14. Maiden Name: Mary Virginia Gaines

15. Birthplace: Richmond Va.

16 (a) Informant: Estelle P. Lotsey -wife

(b) Address: 2826 E. Chase Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cemetery

Location: Taylor Avenue

18 (a) Funeral director: Schimunek Funeral Home Inc

(b) Address: 2601-03-05 E. Madison Street

19 (a) JUL 15 1948 (Date rec'd by Local Reg.) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1948 to July 13 1948, and that I last saw h[illegible] alive on July 13 1948.

Immediate cause of death: Cerebral Vascular accident — Duration: 6 wks

Due to: General arteriosclerosis — indefinite

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Joseph J. Bowen Jr. M. D.

Address: Mercy Hospital Date signed 7-13-48

VS 150

X

STOSS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

65061 — Registered No. 65061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3346 Belvidere ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Stoss

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 (1875) 1876

8. AGE: Years 71 (72) Months 9 Days 18 If less than one day 15 hr. 30 min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Henry Stoss
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Mc Quade
15. Birthplace Ireland

16 (a) Informant Friend (Mrs Mary Hebert)
(b) Address 3346 Belvidere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-48 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore, Md.

18 (a) Funeral director Loring Byers
(b) Address 5025 Park Heights Ave.

19 (a) JUL 16 1948 (Date rec'd by Registrar) (b) Huntingtown, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 15 1948 and that I last saw h[illegible] alive on July 15, 1948.

Immediate cause of death Uremia — Duration 24 hrs (?)

Due to Nephrosclerosis

Due to Generalized Arteriosclerosis

Other Conditions Peritonitis, emphysema of gall bladder, cholelithiasis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy 7/15/48 Peritonitis, emphysema of gall bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F Hawkins, Jr M.D.
Address Franklin Square Hosp. Date signed 7/15/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

665062
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Puritan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Puritan St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward N. Belt.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Anna Belt.
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 7, 1873

8. AGE: Years	Months	Days	If less than one day
75	1	6	....hr. ....min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16. (a) Informant Robert F. Belt.
(b) Address 2030 E. Federal St.

17 (a) Burial (b) Date thereof July 16 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location Taylor Ave.

18 (a) Funeral director Paul C. Chenoweth Jr.
(b) Address 3615-17 Chestnut Ave.

1948 JUL 17 Date rec'd by registrar — Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1948, at ....M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1947 to July 13 1948
and that I last saw h.., M alive on July 13 1948

Immediate cause of death	Duration
Cardiac Decompensation	2 mos
Due to Arteriosclerotic CVD	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at ....M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Laurence Hamwell M. D.
Address 371 Dallas Pl. Date signed 7-16-48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

Registered No. 665063

Please write the causes of death clearly and legibly. Physicians: please write age if specially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4332 Old York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4332 Old York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Ruppert

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-9027

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband ~~or wife~~ Anna M. Ruppert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 1898

8. AGE: Years	Months	Days	If less than one day
49	8	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Alphonse M. Ruppert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Deitz
15. Birthplace Germany

16 (a) Informant Anna M. Ruppert
(b) Address 4332 Old York Road

17 (a) Burial (b) Date thereof July 19 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St

19 JUL 17 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1947 to July 14 1948 and that I last saw h~~im~~ alive on 14 1948.

Immediate cause of death — Duration

Chronic Tuberculosis — 2 or 3 yrs or more

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd M. D.
Address 2005 E. Monument St Date signed July 16/48

VS 150

G665064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G665064

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 Harford Boulevard
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Harford Boulevard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAULINE BOTTONE (PAULINE BOTTONE)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Antonio Bottone

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Oct. 3, 1879

8. AGE: Years	Months	Days	If less than one day
68 69	9	13	hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Angelo Bovello
13. Birthplace: Italy

MOTHER
14. Maiden Name: Concetta Barranco
15. Birthplace: Italy

16 (a) Informant: Mr. Antonio Bottone
(b) Address: 2315 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 JUL 17 1948 (Date rec'd by registrar) (b) Huntington Ave, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16/48 19 5:50 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Sears M.D. Medical Examiner.
Date signed 7/16/48

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65065 JL - 121087
BC-41424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G65065

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Collins- Selma

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1948

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walsh Collins
13. Birthplace Va.

MOTHER
14. Maiden Name Selma Sherrod
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 7-14-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUL 17 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1948 4.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1948 to July 12 1948, and that I last saw her alive on July 12, 1948.

Immediate cause of death	Duration
Prematurity	4 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William P. Kean M. D.
Address Baltimore City Hospitals Date signed 7-15-48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

665066 12750 665066

AB-120552 BC-48-12750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Parish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 18- 1948

8. AGE: Years	Months	Days	If less than one day
		25days	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon Countess
13. Birthplace Md.

MOTHER
14. Maiden Name Miriam Powell
15. Birthplace N.C.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 9am 7-15-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location E. 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) JUL 17 1948 Washington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13- 1948, at 6.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18- 1948 to 7-13- 1948, and that I last saw him alive on 7-13- 1948.

Immediate cause of death: Prematurity — Duration: 25 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William P. Kean M. D.
Address Baltimore City Hosp Date signed 7-15-48

G65067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1947

G65067 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 South Fagley Street
(c) Hospital or institution:
- - None - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) - - 7 6 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 South Fagley Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - -

3 (a) FULL NAME GEORGE SCHOTT

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Schott
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 2, 1888

8. AGE: Years 60 | Months 2 | Days 13 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Earnhardt Schott
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15 Birthplace ?

16 (a) Informant Mary Schott (wife)
(b) Address 711 South Fagley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Avenue Extension

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 South Wolfe Street

19 (a) JUL 17 1948 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 5:23 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to July 15 1948, and that I last saw h[illegible] alive on July 14 1948.

Immediate cause of death	Duration
Carcinoma of lung	6
Due to	
Due to	
Other Conditions Metastases to Liver	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3400 E Baltr Date signed 7/17/48

G65068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. G65068

Please write the causes of death clearly and legibly. Physicians: please write plainly, important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 8 days
(e) Length of stay in Baltimore (yrs., mos., or days): ? yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Baltimore
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 4305 Fordham Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: JOHN ROBERT KELLAM

3 (b) If veteran, name war	3 (c) Social Security Account No.
VA I	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Dorothy G. Kellam
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Aug. 1, 1891

8. AGE: Years	Months	Days	If less than one day
56	11	15	____ hr. ____ min.

9. Birthplace: Coanock, Va.
(Town, county, and state)
10. Usual Occupation: Service Station
11. Industry or business: Self employed

FATHER
12. Name: Tankard G. Kellam
13. Birthplace: Va.

MOTHER
14. Maiden Name: BertisyPennewell
15 Birthplace: Va.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory
Location: Woodstock Va.

18 (a) Funeral director: Wm. H. Tickner & Sons
(b) Address: Burtonsville, Md.

19 (a) 7-17-1948 (Date received by Registrar) (b) Pennington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1948 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1948, to July 16 1948, and that I last saw h. in alive on July 16 1948.

	Duration
Immediate cause of death: Acute Cardiac failure	less than 2 hours.
Due to: Hypertension and nephrosclerosis	2 years
Due to:	
Other Conditions: early uremia (Include pregnancy within 3 months of death)	6 days

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. Burton Kelly M.
Address: U.S. Marine Hospital, Baltimore, Maryland Date signed 7/17/48

VS 150

X

665069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 665069

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [redacted]

(c) Hospital or institution Maryland General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 603 Lemmon St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME LUTHER CHARLES SMITH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-01-4835

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Mattie E. Smith (nee Reightler)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr): 6/2/85

8. AGE: Years 63 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Drug Store, Fulton & Reisterstown

FATHER

12. Name: Charles Smith

13. Birthplace: Centerville, Md.

MOTHER

14. Maiden Name: Susan Smith

15. Birthplace: Maryland

16 (a) Informant: Mrs. Mattie E. Smith

(b) Address: 722 Whitmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn Cem.

Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS

(b) Address: Balto., Md.

19 (a) JUL 17 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1948, at 10-15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1941, to July 15 1948, and that I last saw him alive on July 15 1948

Immediate cause of death: Respiratory failure — Duration: 4 days.

Due to: Cerebrovascular accident — Duration: —

Due to: Arteriosclerosis — Duration: —

Other Conditions: Pyelonephritis, Hydronephrosis (Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: only those findings apparent at operation

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Charles J. Black M.D.

Address: Maryland General Hosp. Date signed: 7/16/48

X²

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G65070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65070

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 ENTAW PLACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 COMPTON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FANNIE HIGDON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	UNKNOWN

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
ABOUT 75			hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name UNKOWN
13. Birthplace "

MOTHER
14. Maiden Name UNKNOWN
15 Birthplace "

16 (a) Informant MRS CULLUM
(b) Address 1225 S. HANOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/17/48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTO, MD.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO., MD.

19 (a) Filed [illegible] (b) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/1948, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1948, to July 15 1948, and that I last saw h.er alive on May 18 1948.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Cullerton M. D.
Address 2324 Reisterstown Rd. Date signed 7/16/48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G65071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louise Scott.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16, 1929

8. AGE: Years 18 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Jackson Scott.
13. Birthplace Virginia

MOTHER
14. Maiden Name Marie Gardner.
15. Birthplace Virginia

16 (a) Informant Marie Scott.
(b) Address 914 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1948 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie R Willing
(b) Address 322 N. Schroeder St

19 JUL 19 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to July 15, 1948.
and that I last saw h[illegible] alive on July 14, 1948

Immediate cause of death:
(a) Meningitis Tuberculosis
Due to Exposure

Due to

Other Conditions Pulmonary Tuberculosis
(Including pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration: 27 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

25. Signature J. H. Lipscomb M.D.
Address 522 N. Carlington Ave Date signed July 15 1948

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G65072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie A. Ward.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1879

8. AGE: Years: 69 | Months: 4 | Days: 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name James Wilson.

13. Birthplace Baltimore Md.

14. Maiden Name Francis Gross.

15. Birthplace Calvert County Md.

16 (a) Informant Edna Lokenbin.

(b) Address 711 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St Huntington Williams, Md.

19 (a) (b) Registrar

JUL 19 1948 (Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1948 to July 17 1948, and that I last saw her alive on July 13 1948

Immediate cause of death: Diabetes Mellitus — Duration: 2 yr

Due to: Diabetic Gangrene of right leg — 3 mo's

Due to: Hypertension — 2 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. William Fie, M. D.

Address 1928 Penna Ave Date signed 7/16/48

BC = 48-15285
665073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161a

Registered No. 665073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3 (a) **FULL NAME** Baby Girl Bates.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 13, 1948

8. AGE: Years	Months	Days	If less than one day
		1½	..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Samuel Bates.
13. Birthplace Emporia, Virginia

MOTHER
14. Maiden Name Gladys Clark
15. Birthplace Suffolk, Va.

16 (a) Informant Gladys Bates.
(b) Address 1008 W. Franklin St.

17 (a) ~~City cremation~~ (Burial, cremation, or removal) (b) Date thereof July 17, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location.....

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
17 1948 Katie R. Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1948 to July 15 1948, and that I last saw deceased alive on July 15 1948.

Immediate cause of death	Duration
Respiratory failure	1 hr.
Due to Pneumothorax, left, with mediastinal shift	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Charles W. Lithgow M.D.
M. D.
Address University Hosp. Date signed 7/15/48

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665074

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2143 Wallbrook Ave.
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Eunice Colter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	married

6 (b) Name of husband or wife William Aquilla Colter
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 10, 1896

8. AGE: Years	Months	Days	If less than one day
52	2	4	..... hr. ..... min.

9. Birthplace Orangeburg S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Wolfe
13. Birthplace Orangeburg S.C.

MOTHER
14. Maiden Name Alice Williams
15. Birthplace Orangeburg S.C.

16 (a) Informant: William Aquilla Colter
(b) Address 2143 Wallbrook Ave.

17 (a) Burial (b) Date thereof July 15, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Int. Auburn
Location.....

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) JUL 17 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 3 25 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Hypertensive cardiovascular disease
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Earl K. Rogers M.D.
Medical Examiner.
Date signed July 14, 1948

VS 151

665075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 665075

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth J. Thomas.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) March 19, 1893

8. AGE: Years: 55 | Months: 3 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER
12. Name: William Kane
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Nancy
15. Birthplace: Baltimore, Md.

16 (a) Informant: Amy Conway (Dau)
(b) Address: 1008 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Arlington Ave

19 (a) JUL 17 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1948, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1947, to 7/15 1948.
and that I last saw h alive on 7/15 1948.

Immediate cause of death	Duration
Carcinoma of stomach (centrum)	1 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: RAYNER BROWNE, M. D.
Address: 1500 EAST MADISON ST. BALTIMORE 5, MD.
Date signed 7/16/48

G65076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

G65076 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Keene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	col.	single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 26, 1939

8. AGE: Years	Months	Days	If less than one day
8	7	19	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Mattie Gaines
15. Birthplace Virginia

16 (a) Informant Mattie Johnson.
(b) Address 1613 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 Huntington Ave Boston, Mass

19 (a) JUL 19 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 10.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1948 to 7/15 1948 and that I last saw her alive on 7/15 1948.

Immediate cause of death	Duration
ceased; toxic myocarditis	
Due to uremia	
Due to chronic glomerular nephritis	
Other Conditions anuria	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature James M. Brennan M. D.
Address Univ. Hosp. Date signed 7-16-48

VS 159

1

G65077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G65077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Ramona Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Ramona Av (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Busky

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Benjamin F. Busky
6 (c) If alive, give age: 73 years
7. Birth date of deceased (mo., day, yr.): January 21, 1873
8. AGE: Years 75 | Months 5 | Days 15 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: George Baker
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Mary Baker
15. Birthplace: Baltimore Md

16 (a) Informant: Benjamin Busky (Husband)
(b) Address: 3214 Ramona

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: John E. Miller Inc
(b) Address: 2436 E. Lanvale St

19 (Date rec'd by registrar) JUL 17 1948 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1948, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to July 15 1948, and that I last saw h[illegible] alive on July 15 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	24 hr.
Due to Hypertension	14 yr.
Arteriosclerosis	14 yr.
Due to Chr. Interstitial Nephritis	14 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: F. F. A. Stevens M. D.
Address 2818 Harford Rd Date signed 7-16-48

V S 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65078 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
The Haven Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Hook

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Wm. A. Hook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1863

8. AGE: Years	Months	Days	If less than one day
84	7	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Kasper Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Dorothy Barnett
(b) Address 4011 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St
18 (a) Funeral director Harry H. Lutzke
(b) Address 4101 Edmondson Ave.
19 July 17 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15/48. 19 , at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1947 to July 15 1948
and that I last saw h[illegible] alive on July 15 1948.

Immediate cause of death Arteriosclerotic C.V.D — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury
23. Signature Jessie Round
Address 325 Frederick Ave. Date signed 7/16/48 M.D.

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT G65079 Registered No.

CERTIFICATE OF DEATH 47c

G65079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida County
(c) City or town Fort Pierce
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. 2nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Carrera

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-92

8. AGE: Years	Months	Days	If less than one day
55	7	26	hr. min.

9. Birthplace Spain (Town, county, and state)
10. Usual Occupation Gunsmith
11. Industry or business

FATHER
12. Name Pedro Carrera
13. Birthplace Spain

MOTHER
14. Maiden Name Angela Lancosmeo
15 Birthplace Spain

16 (a) Informant Ricardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/48 (Month) (day) (year)
(c) Cemetery or crematory Fort Pierce
Location Fort Pierce Fla

18 (a) Funeral director John O. Mitchell Sons
(b) Address 190 Putnam Place

19 (a) (b) (Date received by registrar) Registrar

JUL 18 1948

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948 at 9 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 16 1948 and that I last saw him alive on July 16 1948

Immediate cause of death	Duration
Carcinoma of Right Main Bronchus with Mediastinal Metastases	1 year +
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July 7 1948
Major findings of operation: Ca Rt. Main Bronchus & mediastinum
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Wolf Jr.
Address JOHNS HOPKINS HOSPITAL Date signed July 16, 1948

correct age is especially important. Physicians: please write the

G65080

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 8/a

G65080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Sparks (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Thornton Mill Rd.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Talbert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Gwendolyn (nee Price)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1924

8. AGE: Years 23 | Months 10 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Chauffer
11. Industry or business Coastal Land Lines

FATHER
12. Name John Talbert
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Rose Roberts
15 Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Robert Talbert
(b) Address Sparks Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1948 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Sparks, Md

18 (a) Funeral director London M. Brooks
(b) Address Sparks, Md

19 (a) Washington Williams M.D. (Date received by registrar) Registrar

JUL 18 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 7.15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1948, to July 17 1948, and that I last saw him alive on July 17 1948.

	Duration
Immediate cause of death: Cerebral intracranial pressure	
Due to: Meningitis Otitis & Mastoiditis OTITIS + MASTOIDITIS	
Due to: (Lues Syphilis) Nephrosis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Bevan M.D.
M. D.
Address Bon. Hosp. Date signed 7/17/48

X

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4814 38
G65081 80812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579 Registered No. G65081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED: Cook 28
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Patricia Gallagher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-47

8. AGE: Years 1 | Months 1 | Days 9 | If less than one day ....hr. ....min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Wm. Gallagher.
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Holmes
15. Birthplace Nebraska.

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location Scranton, Pa.

18 (a) Funeral director George F. Farley
(b) Address Fulton & Fayette

19 (a).....
(Date rec'd by registrar) Washington Metropolitan

JUL 18 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1948 to July 17 1948 and that I last saw it alive on July 17 1948

Immediate cause of death Pneumonia / Aspiration Atelectasis (Haemorrhagic Shock) (4 hours post operation) — Duration 2 hours

Due to Operation for Congenital Cleft Palate — 13 weeks

Due to.....

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation July 1948

Major findings of operation: Congenital Cleft Palate and Hare Lip

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature [signature]

Address JOHNS HOPKINS HOSPITAL Date signed July 18 1948 M. D.

X

correct age is especially important. Physicians: please write

A64191 G65082

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65082 Registered No.

CERTIFICATE OF DEATH 157E

Please write, the causes of death clearly and legibly. Physicians: please write correct age is especially important. The information should be correctly supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Church Hill.
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Linda Elaine Green.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-48

8. AGE: Years | Months: 5 | Days: 16 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER 12. Name Arthur Green
13. Birthplace Md.

MOTHER 14. Maiden Name Bettie Twig
15. Birthplace

16 (a) Informant Friends.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-48 (month) (day) (year)
(c) Cemetery or crematory Church Hill
Location Church Hill Md.

18 (a) Funeral director Edgar L. Long
(b) Address Church Hill Md.

19 (a)..... (b)..... (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH July 17 1948 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 17 1948 and that I last saw her alive on July 17 1948

Immediate cause of death.....
Cardiac failure — Duration
Due to Congenital anomaly of the heart. —
Due to..... —
Other Conditions..... —
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature P Hanson

Address JOHNS HOPKINS HOSPITAL Date signed 7/19/48

Registrar

10 1948
V S 150

G65083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65083 Registered No. 164E

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: West Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Ba Himore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3635 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Deborah Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-12-4232

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1922

8. AGE: Years 25 | Months 8 | Days 14 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business Wards Bakery

FATHER
12. Name Late Jacob Rubin
13. Birthplace Russia

MOTHER
14. Maiden Name Dinna Schuchman
15. Birthplace Russia

16 (a) Informant Mrs. Samuel Rostov
(b) Address 3635 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)
(c) Cemetery or crematory Kolker Cong. Cemetery
Location German Hill Road

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124-26 W. North Avenue

19 (a) 18 1948 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1948, at 4:25 P M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ probably homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/16/48 M.
(b) Where did injury occur? 3635 Reisterstown Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? N.D.
(d) Means of injury Patient jumped from 2nd floor

23. Signature P. J. Gabrielski M.D.
Medical Examiner.
Date signed 7/16/48

VS 151

G65084

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65084

CERTIFICATE OF DEATH 44B

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument & Rutland Aves.
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Chelesa Terrace (Rural route location)
(e) Citizen of foreign country? STATE (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bessie Benesch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Herbert I. 6 (c) If alive, give age 1899 years

7. Birth date of deceased (mo., day, yr.) April 23, 1903

8. AGE: Years	Months	Days	If less than one day
45	2	23	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Hyman Miliman
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Kornfield
15. Birthplace Russia

16 (a) Informant Herbert I Benesch
(b) Address 2900 Chelesa Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Mens Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124-26 W. North Avenue

19 (a) ____ (b) ____ Registrar
(Date rec'd by)

JUL 18 1948

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16/1948, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/1948 to 7/16/1948, and that I last saw h.e.y. alive on 7/16/1948

Immediate cause of death: Hodgkins disease
agranulocytosis
Due to: Generalized infection
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Harrison M. D.
Address Sinai Hosp. Date signed 7/17/48

G65085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. G65085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Mt. Henry Bennett~~
(c) Hospital or institution:
SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 WKS.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Dupont Ave (15) (If rural give location)
(e) Citizen of foreign country? (Yes or No) NO
If yes, name country

3 (a) FULL NAME HARRY W. BENNETT

3 (b) If veteran, name war —

3 (c) Social Security Account No. 716-01-6684

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife Adelia M. Bennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 31 MAY, 1877

8. AGE: Years 71 | Months 1 | Days 15/16 | If less than one day ..... hr. ..... min.

9. Birthplace THURMONT, Md. (Town, county, and state)

10. Usual Occupation (RETIRED) CAR INSPECTOR

11. Industry or business RAILROAD

FATHER 12. Name Henry W. Bennett
13. Birthplace Thurmt, Md.

MOTHER 14. Maiden Name CAROLINE E. RHODES
15 Birthplace TANEY TOWN, Md.

16 (a) Informant MISS NELLIE R. BENNETT
(b) Address 502 E. CHASE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY, 19, 1948 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDK. AVE., BALTO. Md.

18 (a) Funeral director Walter Bryde Bradley
(b) Address 1922 W. North Avenue

19 JUL 8 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 16 1948, and that I last saw h. M alive on July 16 1948

Immediate cause of death	Duration
Due to Carcinoma, lung & extensive metastases	
Due to	
Other Conditions Cardiac failure	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Silverstein.
Address Sinai Hospital Balt. Md. Date signed 7/16 M. D.

VS 150

G665086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G665086 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 N. CURLEY ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., 4 mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Tauser FRANCES TAUSER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	WHITE	WIDOWED

6 (b) Name of husband or wife FRANK TAUSER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 19 1867

8. AGE: Years	Months	Days	If less than one day
81	1	27	hr. min.

9. Birthplace BOHEMIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name KAPLAN
13. Birthplace BOHEMIA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BOHEMIA

16 (a) Informant JERINA STASTNEY
(b) Address 508 N. CURLEY ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (month) (day) (year)
(c) Cemetery or crematory Weems Creek Cem.
Location A. A. Co. Md.

18 (a) Funeral director E. Miller Lamoreaux
(b) Address 1003 W. Baltimore St.

19 JUL 19 1948 (Registered by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 3:30 AM

21. I certify that death occurred on the date above stated that I attended deceased from July 1 1948 to July 16 1948 and that I last saw h[illegible] alive on July 15 1948.

Immediate cause of death

Duration

(a) Coronary Thrombosis
(b) Arterio Sclerosis
Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theo. L. Sikorski, M.D.
Address 2934 Keller Ave. Galveston, Texas Date signed 7/16/48

VS. 150

G65087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65087 Registered No.

Please write the causes of death clearly and legibly. Physicians, undertakers, and institutions are required by law to report deaths promptly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druid Park Dr. & Bayview Ave
(c) Hospital or institution:
West Balto. General Hospital Inc
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Granada Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Rumania

3 (a) FULL NAME Jacob Cooperman (Jacob Cooperman)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	We	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1884

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Julius Cooperman
(b) Address 1210 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phil Rd & Bowleys Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl.

19 (a) (Date rec'd by registrar) (b) Covington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 945 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13th 1948, to July 16th 1948, and that I last saw him alive on July 16th 1948.

Immediate cause of death	Duration
Cardio-respiratory failure	3 days
Due to Myocardial infarction	
due to coronary sclerosis and	
Due to insufficiency due to Athero-	
Sclerotic cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Katharine R. Krump M. D.
Address West Balto. Gen. Hosp. Date signed 7/16/48

G65088 ✓ G65088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 Lakeview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 73yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 Lakeview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wolf Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name not known
13. Birthplace Lith

MOTHER
14. Maiden Name not known
15. Birthplace Lith

16 (a) Informant Dora Friedman
(b) Address 2426 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Windsor Mill Road

18 (a) Funeral director Jack Lewis, Inc
(b) Address 2600 Eutaw Place

19 (a) 7-18 1948 (b) (Date rec'd by registrar) Clayton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-1948, at 12:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1945 to July 17 1948, and that I last saw him alive on July 7 1948.

Immediate cause of death Congestive Arteriosclerosis Coronary Thrombosis — Duration 3 Yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lachman M. D.
Address 2222 Collins Ave Date signed July 17 1948

665089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

665089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rukeland & Cayuga ave
(c) Hospital or institution: West Balto General Hosp 15 (1/2)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2845 Boarman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Waranch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Lith. (Town, and State)

10. Usual Occupation retired

11. Industry or business

MOTHER / FATHER

12. Name not known

13. Birthplace Lith

14. Maiden Name not known

15. Birthplace Lith

16 (a) Informant Anna Waranch

(b) Address 2845 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)

(c) Cemetery or crematory

Location Rhoda Herring Funeral Home Inc

18 (a) Funeral director Jack Levin Inc

(b) Address 2100 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

July 18 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1948 to July 17 1948, and that I last saw h alive on July 17 1948.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to Heart Disease

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence July 17 at 1:35 A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bryan Sudransky M.D.

Address West Balto Gen'l Hosp Date signed July 17

correct age is especially important. Physicians: please write the

X

190

G65090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G65090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Fannie L. Henry

3 (b) If veteran, name war --

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter E. Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1879

8. AGE: Years 69 | Months 5 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore Co., Maryland (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Samuel Disney
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Amelia Bowen
15. Birthplace: Maryland

16 (a) Informant: Walter E. Henry
(b) Address: 4006 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1948 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Baltimore Co., Maryland

18 (a) Funeral director: Burgee Funeral Home
(b) Address: 3631 Falls Road

17 (a) JUL 19 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16, 1948 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948 to July 16 1948 and that I last saw her alive on July 16 1948.

Immediate cause of death: Cardiac dilatation — Duration: minutes

Due to: Cardio-vascular-renal disease — yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. N. McFaul Jr. M. D.
Address: 1800 N. Charles St. Date signed: 7/17/48

X

G65091
463350

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65091 Registered No.

CERTIFICATE OF DEATH 46B

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the amount as carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town Hendersonville (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Box - 369 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zollie C. Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lola Allen

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 3-8-96

8. AGE: Years 52 | Months 4 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER
12. Name George Allen
13. Birthplace N. C.

MOTHER
14. Maiden Name Louise McCrary
15. Birthplace N. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-48 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Hendersonville N. C.

18 (a) Funeral director Chas. E. Powell
(b) Address 9417 Edmund Conduit
JUL 18 1948 (Date rec'd by registrar) (b) Huntington Woodmere N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 18 - 1948, at 3 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4- 1948 to 7-18- 1948 and that I last saw him alive on 7-18- 1948.

Immediate cause of death: Gastro-pleural fistula and empyema — Duration: 1 mo.
Due to: Resection Carcinoma stomach and gastro-esophagectomy
Due to: Carcinoma of cardia of stomach 16 mos
Other Conditions

(Include pregnancy within three months of death)

Date of operation 6-27-48; 7-11-48

Major findings of operation: Carcinoma stomach D; Empyema D

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Handelsman M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

V S 150

X

G65092

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65092
CERTIFICATE OF DEATH 133a Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write information above be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Twin Branch (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-17-192X

8. AGE: Years 23 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace (Town, county and state)
10. Usual Occupation Civil Engineer
11. Industry or business

FATHER 12. Name Kennie Smith
13. Birthplace Ky

MOTHER 14. Maiden Name Minnie Coleman
15. Birthplace Ky

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-18-48 (month) (day) (year)
(c) Cemetery or crematory SMITH CEMETERY
Location RAMONI KY.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1826 Eutaw Pl.

19. (a) JUL 19 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH July 18 1948, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18-1948 to 7-18-1948 and that I last saw him alive on 7-18-1948.

Immediate cause of death Probable pulmonary edema — Duration
Due to Chronic nephritis, hypertension, and terminal uremia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman F. Freiser M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-18-48

V S 150

X

065093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 065093

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: EDGEWOOD NURSING HOME 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S CULVER ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY (ROSARIO) CASCIO

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Widower

6 (b) Name of husband or late Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 14 1887

8. AGE: Years	Months	Days	If less than one day
60	9	2	hr. min.

9. Birthplace ITALY (Town, county, and state)

10. Usual Occupation PROPRIETOR

11. Industry or business CONFECTIONARY STORE

FATHER
12. Name SALVATORE CASCIO
13. Birthplace ITALY

MOTHER
14. Maiden Name Josephine Catanesi
15. Birthplace ITALY

16 (a) Informant MR SAM CASCIO (SON)
(b) Address 33 S CULVER ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19 '48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD

18 (a) Funeral director Harry A Wilhelm
(b) Address 410 Edmondson Ave

19 (a) JUL 19 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 8.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1947 to July 16 1948, and that I last saw h.i.m alive on July 13 1948

Immediate cause of death Carcinoma of Pyloric Antrum and Head of Pancreas. — Duration 9 mos.

Due to ..

Due to ..

Other Conditions ..

(Include pregnancy within 3 months of death)

Date of operation Nov. 20, 1947

Major findings of operation: Carcinoma of Pyloric Antrum & Pancreas.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Brunner M.D.

Address 3603 Edmondson Ave Date signed 7/16/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65094

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65094

CERTIFICATE OF DEATH 47

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6028 Old Harford Road
(c) Hospital or institution: Beach Hill Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Redenwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~MAUDE SIBE~~ Maude Elizabeth Sibe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel Sibe

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 28, 1948

8. AGE: Years ~~51~~ | Months 1 | Days 20 | If less than one day hr. 18 min. 17

9. Birthplace Freeland, Balto Co, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Wm. Moores

13. Birthplace Freeland, Balto Co Md.

MOTHER 14. Maiden Name Elizabeth Headley

15. Birthplace Freeland, Balto Co Md

16 (a) Informant Mrs Samuel Sibe

(b) Address Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)

(c) Cemetery or crematory Sayers Hill

Location Lutherville, Md

18 (a) Funeral director Sandow M. Brooks

(b) Address Sparks, Md.

19 (a) JUL 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/48 19 , at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized Carcinomatosis

Ca. of rt lung with metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury X at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R Davis M.D. Medical Examiner.

Date signed 7/18/48

VS 151

X

665095

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 665095

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5306 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Masonic Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Skillman Maccubbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband George Holland Maccubbin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1866

8. AGE: Years 81 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo. R. Skillman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Pearce
15. Birthplace Balto. Md.

16 (a) Informant Records
(b) Address Masonic Home, Cockeysville Md

17 (a) Burial (b) Date thereof 7/19/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 [illegible] (Registrar) Huntington for Williams M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1947 to 7-16-1948 and that I last saw h[illegible] alive on 7-11-1948.

Immediate cause of death Coronary Thrombosis — Duration Immediate

Due to Generalized arterio-sclerosis and Hypertensive Heart Disease — Duration 15 yrs.

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Huedman M.D.

Address 2424 Eutaw Place Date signed 7-16-48

V S 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17B

Registered No. 665096

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write if community supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15-
(c) Hospital or institution: Lakeindale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Allendale Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAX AARONSON

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Mason
11. Industry or business

FATHER
12. Name Aaron Kwitz
13. Birthplace Russia

MOTHER
14. Maiden Name Dinna
15. Birthplace Russia

16 (a) Informant Bernard Aaronson
(b) Address 3909 Edgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane & Philadelphia Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1134-36 W. North ave

19 JUL 19 1948 (Date rec'd by registrar) (b) Huntington for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 19 48 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 19 48 to 7-18 19 48 and that I last saw h[illegible] alive on 7-18 19 48

Immediate cause of death	Duration
Cerebral arteriosclerosis	
Due to	
Due to	
Other Conditions Fx of L. hip Chron. cardio vascular d. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry Nagel M. D.
Address Lakeindale Home Date signed 7-18-48

VS 150

97

G65097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65097

1. PLACE OF DEATH: Sinai Hospital
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3630 Parkheights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kairow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Anna Salmon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 15, 1874

8. AGE: Years 74 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: Furrier

FATHER
12. Name: Jacob Kairow
13. Birthplace: Russia

MOTHER
14. Maiden Name: Shanie ?
15. Birthplace: Russia

16 (a) Informant: William Cohen
(b) Address: 3405 Carlisle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1948 (month) (day) (year)
(c) Cemetery or crematory: Rochester N. Y.
Location: Rochester N. Y.

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 (a) JUL 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1948, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1948 to 7-17 1948, and that I last saw him alive on 7-17 1948.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerome Gaber M. D.
Address Sinai Hospital Date signed 7-17-48

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G65098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G65098 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1337 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Branch.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Estella —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1892

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Day Laborer

11. Industry or business

FATHER
12. Name James Branch
13. Birthplace Va

MOTHER
14. Maiden Name Andelia Boykin
15. Birthplace Va

16 (a) Informant Estella Branch
(b) Address 1337 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 48 (month) (day) (year)
(c) Cemetery or crematory Churchland
Location Va

18 (a) Funeral director James Asbury
(b) Address 142 Mosher St

19 JUL 19 1948 Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948 at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948 to July 18 1948 and that I last saw h alive on July 18 1948

Immediate cause of death Uraemia

Due to Cardio-renal vas-cular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 days; 3 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Berry M.D.
Address 1420 E. Chase Date signed July 19 48

VS 150

If this certificate is incomplete, please write the causes of death clearly and legibly.

G65099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret M. Crowley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 — 1865

8. AGE: Years 80 | Months 5 | Days 20 | If less than one day 23 hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER: 12. Name Francis Keegan
13. Birthplace Ireland

MOTHER: 14. Maiden Name Margaret McNulty
15. Birthplace Ireland

16 (a) Informant Mrs Mary E Bachmeier
(b) Address 2413 Edmondson Ave Balt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 '48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem
Location

18 (a) Funeral director Chas F Powell
(b) Address 2417 Edmondson Ave

JUL 19 1948 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948 at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1948 to 7/18 1948 and that I last saw h alive on 19

	Duration
Immediate cause of death Pulmonary edema & uremia —	24 hrs.
Due to Arteriosclerotic Cardiovascular Renal Disease	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel L. Silverstein
Address West Balto. General Hospital Date signed 7/18 M. D.

665100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 665100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 E. Wilkens Ave
(c) Hospital or institution: JENKINS MEMORIAL 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 ARGYLE AVE (If rural give location)
(e) Citizen of foreign country? MD — (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD JOHN KELLY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife Mary C. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1865

8. AGE: Years	Months	Days	If less than one day
82	7	26	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name JOHN KELLY
13. Birthplace CO WEXFORD-IRELAND

MOTHER
14. Maiden Name MARY GOLDEN KELLY
15. Birthplace CO WEXFORD-IRELAND

16 (a) Informant Miss Frances Carroll
(b) Address 120 W. Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edgar W. Coughlin
(b) Address 2416 E. Eager St.

19 (a) JUL 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death	Duration
TERMINAL UREMIA	
ARTERIOSCLEROTIC	
Due to DEGENERATING	
CRANIO-VASCULAR DISEASE	
Due to C RECOMPENSATION	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John N. Shaw M.D.
Address 2300 E. Eager St Date signed 7/18/48

VS 150

correct age is especially important. Physicians: please write the cau... of information should be carefully supplied. The ... the causes of death clearly and legibly.

665101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a ✓

Registered No. 665101

Type or print plainly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 W Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 W Biddle Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elisha Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1741

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colord	

6 (b) Name of husband or wife Carrie Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1905

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Farston S.C. (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Geo Hunter
13. Birthplace S C

MOTHER
14. Maiden Name Julia Simons
15. Birthplace S C

16 (a) Informant Carrie Hunter
(b) Address 630 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory Junk Yard
Location Farston S C
18 (a) Funeral director Wm B Jackson
(b) Address 916 Penna Ave
19 (a) JUL 19 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1948 at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1948 to 7/16 1948.
and that I last saw h/M. alive on 7/16 1948.

Immediate cause of death	Duration
Coronary Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Garner M.D.
Address 753 Gough St Date signed 7/19/48

VS 150

X

G65102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65102

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Greenmount Ave.
(c) Hospital or institution: 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse F. Busch

3 (b) If veteran, name war: -
3 (c) Social Security Account No.: -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widowed

6 (b) Name of husband or wife: Florence B. Pittinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1. 1874

8. AGE: Years	Months	Days	If less than one day
74	1.	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George E. Busch
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Sproul
15 Birthplace Baltimore

16 (a) Informant Jesse F. Busch Jr.
(b) Address 4802 Alhambra Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19. 48 (month) (day) (year)
(c) Cemetery or crematory baltimore Cemetery
Location North Ave. Gay Sts.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JUL 19 1948 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16. 1948 19 , at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1948 to July 16 1948 and that I last saw h[illegible] alive on May 19 48.

Immediate cause of death	Duration
Arteriosclerosis	10 yrs
Myocardial degeneration	
Due to Cerebral hemorrhage	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. E. Jones M.D.
Address 2818 St. Paul St. Date signed 7/18/48

VS 150

X

G65103

N 2 N 4 W

BC = 48-1160S

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 H

Registered No. 064221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Patapsco St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Martin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Child
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-14-48
8. AGE: Years | Months | Days: 3 | If less than one day ... hr. ... min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Edward Martin
13. Birthplace Md
MOTHER 14. Maiden Name Aileen Thiess
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1948 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.
18 (a) Funeral director Thigpen & Flemming
(b) Address 1476 Light St.
Date received JUL 19 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-1948, at 9:05 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-15-1948 to 7-17-1948 and that I last saw her alive on 7-17 1948.

Immediate cause of death Anuria — Duration
Due to undetermined cause
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P Hanson M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/19/48

V S 150

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly.

665104 Hospital Disp. BALTIMORE CITY HEALTH DEPARTMENT 665104
B 815451 CERTIFICATE OF DEATH 159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Maryland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Williams
3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex M
5 Color or race White Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-17-48
8. AGE: Years Months Days 1 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name ?
13. Birthplace ?
MOTHER 14. Maiden Name Ethel Williams
15. Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (Registrar) (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16-48 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-48 to 7-16 1948, and that I last saw h[illegible] alive on 7-16 1948.

Immediate cause of death: Prematurity
Due to: ? Atelectasis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Ryan M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-17-48

V S 150

(Please write the causes of death clearly and legibly. Physicians: please write the information requested. The age is especially important.)

G65105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 74a

✓ G65105 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hosp. 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 East 23rd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] R. Blanche Bingley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Joseph E. Bingley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 26, 1881

8. AGE: Years	Months	Days	If less than one day
67	5	21	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Hosp. attendant.
11. Industry or business Union Memorial Hosp.

FATHER
12. Name Frederick Miller
13. Birthplace Phila, Pennsylvania

MOTHER
14. Maiden Name Margaret Sa Haefer
15 Birthplace Germany

16 (a) Informant Douglas P. Bingley
(b) Address 527 E. 23rd St – (18)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Pfeffer & Sons
(b) Address Baltimore Md.

19 Jul 19 1948 (Date received by Registrar) Thurlington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 6:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1948, to July 17 1948, and that I last saw h[illegible] alive on July 12 1948.

Immediate cause of death multiple pulmonary emboli — Duration 1 day
Due to acute thrombo phlebitis — 3 days
Due to
Other Conditions Acute lymphatic leukemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Above findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. F. Cox 3rd
Address Union Memorial Hospital Date signed 7-17-48 M. D.

VS 150

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665106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. G65106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset Worcester
(c) City or town Pocomoke City,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Market Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. TOWNSEND

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Margaret J. Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1873

8. AGE: Years 75 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Somerset County, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Townsend
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie ?
15. Birthplace Maryland

16 (a) Informant: Mrs. Naomi E. Roy, daughter
(b) Address 1809 E. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible]

19 JUL 19 1948 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1948, at 12 05 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchopneumonia
Carcinoma of prostate mal.
Due to metastasis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 7-16-48 at ? M.
(b) Where did injury occur? Easton, Md
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto.?

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 7-17-48

X

G65107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G65107 · Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 755 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Shipman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 73 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant: Mr Edward Braden

(b) Address Fremont & Baltimore Sts

17 (a) Burial (b) Date thereof 7 20 48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Govan & Son

(b) Address 901-03 Hollins St.

19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1948, at 25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Ext thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(Did injury occur at home, on farm, industrial place, in public place? While at work?)
(c) Means of injury

23. Signature George L. Merrill M.D.
Medical Examiner.

Date signed 7/14/48

VS 151

G65108 ✓ G65108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 144a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway and Fairmount
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6258 Milton Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Katowska Dudek

48-15345

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-24-0397

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Mr. Roman Dudek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1929

8. AGE: Years 19 | Months — | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Andrew Katowska
13. Birthplace Poland

MOTHER 14. Maiden Name Anna Sanerski
15. Birthplace Poland

16 (a) Informant Hospital Records —
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location BALTIMORE CO. Md

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann st

19 (a) JUL 19 1948 (date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1948 to 6-18 1948, and that I last saw her alive on 6-18 1948.

Immediate cause of death	Duration
Eclampsia with Convulsions	minutes
Due to Uterine pregnancy, undelivered 40 wks	
Due to	over
Other Conditions Obstetric (Include pregnancy within 3 months of death)	

Date of operation Obstetrical delivery

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard J. Kohlerman M. D.
Address Church Home + Hosp Date signed July 18 48

X

G65109 BALTIMORE CITY HEALTH DEPARTMENT G65109

BC- 48-0715 CERTIFICATE OF DEATH 182a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 West Pratt
(c) Hospital or institution: 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1408 West Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Fauble

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, ~~married~~, widowed, or ~~divorced~~.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr 3 1948

8. AGE: Years | Months 3 | Days 13 | If less than one day ....hr. ....min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Russell L. Fauble
13. Birthplace Maryland

MOTHER 14. Maiden Name Ruby E. McDonald
15. Birthplace West Va.

16 (a) Informant R. L. Fauble
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1948 (month) (day) (year)
(c) Cemetery or crematory Reisterstown
Location Baltimore Md

18 (a) Funeral director C. H. Fute & Bro
(b) Address Baltimore Md

(c) 19 1948 (Date received by registrar) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1948, at 12 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to Infant's head lodged between bedpost & mattress

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/18 19/3 at 12 P M.
(b) Where did injury occur? 1408 W Pratt
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Accidental

23. Signature Earl L. Royer M.D. (Medical Examiner)
Date signed 17 July 48

VS 151

G65110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1498

G65110 Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Boone St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** UNA - Elva Moore 48-15128

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Philip H. Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1912

8. AGE: Years 36 (35) | Months 3 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at home

FATHER
12. Name John F. Mullin, Sr.
13. Birthplace

MOTHER
14. Maiden Name Katherine Flannigan
15 Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Mercy - Calvert & Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Wiedefeld & Son
(b) Address Freemont & 2nd

19 (a) [illegible] (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 12:02 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1948 to 7/18 1948 and that I last saw her alive on July 17 1948.

Immediate cause of death	Duration
Irreversible shock with circulatory and respiratory collapse	1/2 hr.
Due to Uterine atony, post partum	1½ hrs.
Due to	...
Other Conditions	... over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maddeno C. Swinski M. D.
Address Mercy Hospital Date signed 7/18/48

VS 150

X

G65111

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-15128

CERTIFICATE OF DEATH 161a

✓ G65111T

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2103 Boyd St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7/17/48

8. AGE: Years [redacted] Months [redacted] Days [redacted] If less than one day 12 hr. 50 min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Philip Harvey Moore

13. Birthplace

MOTHER

14. Maiden Name Eva Mullin

15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records Mercy

(b) Address Calvert & Saratoga Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location City

18 (a) Funeral director Wiedefeld & Son

(b) [illegible] Greenmount & 22nd

19 (a) [illegible] (b) [illegible]

(Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17/48 19 to 7/18 1948.

and that I last saw h[illegible] alive on 7/18 1948.

Immediate cause of death	Duration
asphyxia	
Due to Bronchial obstruction, mucus plug.	15 min.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Thaddeus C. Shumate M. D.

Address Mercy Hospital Date signed 7/18/48

VS 150

G65112 ✓ G65112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) all Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 N. Durham St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy J. STEINETT (STINNETTE)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-1619

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced. m

6 (b) Name of husband or wife Bessie Stinnette

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Handyman

11. Industry or business

FATHER
12. Name George Stinnette
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Lillian Cole
15. Birthplace Baltimore Md

16 (a) Informant Bessie Stinnette
(b) Address 229 N. Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-48 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat. Cem.
Location Baltimore Md

18 (a) Funeral director Cleon O. Wilson
(b) Address 1010 Edgerton Ave

(c) Date received by registrar JUL 19 1948 (d) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16/1948 at 2 02 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon, and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Subarachnoid Hemorrhage
Edema of lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 7/16/48

G65113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 W. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 W. Lanvale st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Charles Co., Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Wesley Young
13. Birthplace Md.

MOTHER 14. Maiden Name Amanda Young
15. Birthplace Md.

16 (a) Informant Albert Young
(b) Address 612 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Chas O. Wilson
(b) Address 1000 Eutaw St

19 (a) (Date rec'd by registrar) (b) Registrar

19 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1948, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 17 July 1948, to 17 July 1948 and that I last saw h[illegible] alive on 17 July 1948.

Immediate cause of death: Cardio-Vascular Lis — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B M Rhoads M.D.

Address 1215 Madison Ave Date signed 18 July 48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G65114 BALTIMORE CITY HEALTH DEPARTMENT G65114
CERTIFICATE OF DEATH 61 Registered No.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynor Ave.
(c) Hospital or institution: West Balto. Gen. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9Wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrd.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Woodington Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lena Pease (LENA M. PEASE)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 577-01-4079

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Charles E. Pease
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1895

8. AGE: Years 53 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Laural, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business Home

FATHER 12. Name William T.S.Diven
13. Birthplace Md.

MOTHER 14. Maiden Name Edith M. McAbee
15. Birthplace Md.

16 (a) Informant John G. Massey
(b) Address 1017 Woodington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington D.C.

18 (a) Funeral director John T. Stansbury
(b) Address 2700 Edmondson Ave.

19 (a) (Date received by registrar) (b) [illegible]

180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1948 to 7/18 1948.
and that I last saw h[illegible] alive on 7/17 1948.

Immediate cause of death Hypertensive cardio-vascular disease

Due to Embolism

Due to

Other Conditions Diabetes mellitus Prost. Hypertrophy

Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Cardiac enlargement
Edema of tissues

of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Goldstein M.D.
Address UBJH Date signed 7/21/48

PHYSICIAN
Underline the cause to which death should be charged statistically

131a

G65115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ G65115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 Mc Henry St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Mc Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Ohl

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-18-5441

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ella C. Ohl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 23-1886

8. AGE: Years 61 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Fish Market

FATHER 12. Name Wm H. Ohl

FATHER 13. Birthplace Penna

MOTHER 14. Maiden Name Mary Myers

MOTHER 15. Birthplace Penna

16 (a) Informant Milton L. Ohl

(b) Address 1719 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1948 (month) (day) (year)

(c) Cemetery or crematory Loyal Oak

Location Md

18 (a) Funeral director Wolff & Bm. Walker

(b) Address Pratt & Stricker St

19 (a) (Date received by registrar) (b) Registrar

JUL 19 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 7 13 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 17 1948. and that I last saw him alive on July 16 1948.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Hypertension	2 years
Due to Generalized arterio sclerosis	2 years
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. B. Schnuder M. D.
Address 624 S. Fulton Ave Date signed 7-19-48

X

665116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G65116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elijah Calvin Wigfield

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-03-7360

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Rose Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1906

8. AGE: Years 42 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Cumberland, Md. (Town, County, and state)

10. Usual Occupation Mechanic

11. Industry or business Auto Industry

FATHER
12. Name Geo. Edward Wigfield
13. Birthplace Penna

MOTHER
14. Maiden Name Maggie Stottlemyer
15. Birthplace Md

16 (a) Informant Urner Wigfield
(b) Address Cumberland Md

17 (a) Burial (b) Date thereof 7/21/1948
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Johnson
Location Cumberland Md

18 (a) Funeral director Lowis, Glessner
(b) Address Cumberland Md

19 JUL 19 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 8:50 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Edema
Edema
Due to
Other Conditions Fatty Degeneration of Liver
Cellulitis of Left Calf
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl L Rogers M.D.
Medical Examiner.
Date signed 17 July 48

111c

G65117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G65117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Wilkins ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Corrigan.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	M.

6 (b) Name of husband or wife Estella.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 27, 1875

8. AGE: Years	Months	Days	If less than one day
73	4	24	hr. min.

9. Birthplace Wilmington, Del.
(Town, county, and state)
10. Usual Occupation RETired.
11. Industry or business

FATHER
12. Name Peter Corrigan decd
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ford decd
15. Birthplace Ireland

16 (a) Informant Son.
(b) Address 2546 Wilkins ave

17 (a) Burial (b) Date thereof 7-20-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A Foley
(b) Address Fulton bet Pratt & St.

19 JUL 19 1948 (b) Funeral Director
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1948 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/4/ 1948 to 7/17 1948
and that I last saw him alive on 7/16 1948

Immediate cause of death	Duration
Coronary Thrombosis & Myocardial Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John N. Shaw M. D.
Address St. Agnes Hosp. Date signed 7-17-48

VS 150

467551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. 665118

665118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Virginia Highway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Allen Goldfarb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-20

8. AGE: Years 27 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Salesman -

11. Industry or business

FATHER 12. Name Abraham Goldfarb

13. Birthplace Pa. -

MOTHER 14. Maiden Name Ada Gennis

15. Birthplace England

16 (a) Informant Redondo

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 7-17-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Brooklyn N. Y.
Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 206 Eutaw Place

19 (a) JUL 19 1948 (b) Huntington Williams Registrar
(Death rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1948 to July 19 1948.
and that I last saw him alive on July 19 1948

Immediate cause of death: Cardiac Arrhythmia
CARDIAC ARRHYTHMIA
Due to: Myocarditis and Anesthesia
Due to:
Other Conditions: Aortic Stenosis

(Include pregnancy within 3 months of death)
Date of operation July 19, 1948
Major findings of operation: none
of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (Accident?)
(a) Accident, suicide, or homicide Operation
(b) Date of occurrence July 19 1948 at 11:30 A.M.
(c) Where did injury occur? J. H. H.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? J H H While at work? No
(Specify type of place)
(e) Means of injury Dr. during operation
23. Signature Dr. Cralley (Anesthetist - Endotracheal)
Address JOHNS HOPKINS HOSPITAL Date signed July 19 1948 M. D.

V S 150 To be approv. by the Med. Examiner. Thomas J. Mikulas M.D.

G65119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

✓ G65119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 10"
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** George Born

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-05-3007

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary K. Born

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1887

8. AGE: Years: 60 | Months: 7 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Moulder

11. Industry or business: Bartlett Hayward

FATHER — 12. Name: Herman Born

FATHER — 13. Birthplace: Baltimore, Md.

MOTHER — 14. Maiden Name: Emma Groff

MOTHER — 15. Birthplace: Baltimore, Md.

16 (a) Informant: Charles Born

(b) Address: 2117 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1948 (month) (day) (year)

(c) Cemetery or crematory: Bethlehem

Location: Baltimore

18 (a) Funeral director: Frederick & Lee

(b) Address: 1200 W Lombard St.

19 (a) JUL 19 1948 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948, at 2 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1948 to 7/18 1948 and that I last saw him alive on 7/18 1948.

Immediate cause of death	Duration
(a) Pulmonary Edema	
Due to: (b) Hypertension	
Due to: (c) Cerebrovascular Accident	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Marjorie Oxman, M.D.

Address: Sinai Hospital Date signed: 7/18/48

VS 150

X

665120

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓117a

665120

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 108 days
(e) Length of stay in Baltimore (yrs., mos., or days) 108 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County .....
(c) City or town Bellamy
(If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME WELFORD CLEVELAND ROBINS

3 (b) If veteran, name war: -

3 (c) Social Security Account No. 229-16-0173

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 29, 1888

8. AGE: Years	Months	Days	If less than one day
59	11	20	..... hr. ..... min.

9. Birthplace Gloucester, Va. (Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business Merchant Seaman

FATHER
12. Name John Robins
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jul 19, 1948 (month) (day) (year)
(c) Cemetery or crematory .....
Location Gloucester, Va.
18 (a) Funeral director Philip Herwig, Sons
(b) Address 2024 Orleans St. Balt, Md.
19 (a) JUL 19 1948 (Date rec'd by registrar) Huntington Williams Mgr. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 48, at 3:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 19 48, to July 19 19 48 and that I last saw him alive on July 19 19 48.

Immediate cause of death: Meningitis, basilar etiology undetermined — Duration: Unknown

Other conditions: Due to: Hemorrhage, acute, peptic ulcer — Unknown

Due to: (2) Postoperative state, 1 mo.

Other Conditions: 5th cervical laminectomy for herniated nucleus pulposum

(Include pregnancy within 3 months of death)

Date of operation: 6/24/48

Major findings of operation: Transurethral resection

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 7/19/48

VS 159

X²

G65121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G65121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Rayner Ave. & Dukeland Sts
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2937 Belmont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Martin Lauf

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	212-01-6211	Male	White	Single

6 (b) Name of husband or wife -----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1908

8. AGE: Years	Months	Days	If less than one day
40	0	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Grocery Clerk
11. Industry or business

FATHER
12. Name William Lauf
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Stevens
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary M. Boom (Sister)
(b) Address 2937 Belmont Ave.,

17 (a) Burial (b) Date thereof 7-20-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory XX Western
Location Baltimore, Md.

18 (a) Funeral director H Howard Strong
(b) Address 3207 W. North Ave.,

19 JUL 19 1948 (b) Washington Nelson, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 6:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1948, to 7/17 1948, and that I last saw h[illegible] alive on 7/17 1948.

Immediate cause of death	Duration
Hemorrhage - massive - generalized	
Due to Acute Lymphatic Leukemia	
Due to ——— LEUKEMIA	
Other Conditions ———	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Generalized massive hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Daniel L. Silverstein
Address West Baltimore General Hosp. Date signed M D. 7/17/48

VS 150

G65122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Home for the Aged Poor 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Daniel B. Conkling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Conkling
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Brannan
15 Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 Biddle St

19 (a) JUL 19 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/1948 at 5:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12/1948 to 7/18/1948 and that I last saw h[illegible] alive on 7/16/1948

Immediate cause of death	Duration
Nephritis & Anemia	2 wks.
Due to Cardio-Renal Vascular Disease.	2 yrs.
Due to Contusion	1 mo.
Other Conditions Senile Arteriosclerosis & Hypostatic Pneumonia.	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. Bortz Jr. M. D.
Address 1933 W. Biddle St. Date signed 7/19/48

VS 150

G65123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G65123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Leads
(b) Street address 3228 ~~Leads~~ Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County
(c) City or town Balto Leads (If outside city or town limits, write RURAL and give town)
(d) Street No. 3228 Leads Ave (If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie B Wilson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-03-9836

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25-1881

8. AGE: Years 67 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Shelton

13. Birthplace Delaware

MOTHER 14. Maiden Name Lorraine Meredith

15. Birthplace Delaware

16 (a) Informant Robert J. Wilson

(b) Address 16 Summerfield Road

17 (a) Burial (b) Date thereof July 20-1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director George E. Schmidt.

(b) Address 2101 Frederick Ave

19 (a) JY 9 1948 (b) Washington Williams, Registrar
(Date rec'd by reg

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1948, at 2 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions Diabetes mellitus.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D.
Medical Examiner.
Date signed 17 July 48

94a

VS 191

G65124
JL - 116678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G65124
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City HOspitals 2D
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Marylan d (b) County
6
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2698 St. Benedediet St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Landgraf

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Karl Landgraf
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Sept. 15, 1868

8. AGE: Years 79 | Months 10 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Adolph Zimmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Rodha
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md
18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.
19 (a) JL 19 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948, at 10.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1948, to July 17 1948, and that I last saw h er alive on July 17 1948.

Immediate cause of death (a) Carcinomatosis — Duration mos

Due to (b) CA of cesrit — yrs

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy generalized carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gordon Craft
Address Balt. City Hosps Date signed 7/12/48 M. D.

X

G65125 BALTIMORE CITY HEALTH DEPARTMENT G65125
Registered No.

CERTIFICATE OF DEATH 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 S. LINWOOD AVE
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 S. LINWOOD AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS FRANCIS BRADY

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife KATHERINE BRADY
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) NOV. 1, 1891

8. AGE: Years 56 | Months 8 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE - MARYLAND (Town, county, and state)

10. Usual Occupation BOOK-KEEPER

11. Industry or business

FATHER
12. Name Mr. Thomas Brady
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Dougherty
15. Birthplace Baltimore, Md.

16 (a) Informant Katherine Brady
(b) Address 133 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ /48 (month) (day) (year)
(c) Cemetery or crematory H. Redeemer
Location Belair Road

18 (a) Funeral director DIPPEL BROTHERS
(b) Address 1800 E. LOMBARD ST.

19 (a) Date received by registrar JUL 19 1948 Registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1948 at 7:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 1 1948 to JULY 17 1948 and that I last saw HIM alive on JULY 17 1948.

Immediate cause of death	Duration
HYPERTENSIVE CARDIO VASCULAR DISEASE	
Due to	
Due to	
Other Conditions CHRONIC NEPHRITIS	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Houska M. D.
Address 393 S. East Ave Date signed 7/17/48.

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G65126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

G65126
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert L. Mathers

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Ella C. Mathers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 29, 1884

8. AGE: Years	Months	Days	If less than one day
63	9	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Geo. W. Mathers
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Thril
15. Birthplace Maryland

16 (a) Informant Mrs. Ella C. Mathers (wife)
(b) Address 2715 Parkwood Ave

17 (a) Burial (b) Date thereof 7/20/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Turner & Sons
(b) Address Balto. Md.

19 (a) 1948 Huntingtown, Md.
(Date rec'd by registrar) Registrar

VS. 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1948, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1946 to July 16 1948, and that I last saw him alive on July 16 1948.

Immediate cause of death
(a) Coronary Thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 y

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature Henry C. Hoeck M.D.
Address 1634 Mt. Vernon Place Signed July 19 1948

Henry C. Hoeck M.D.

665127 665127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution: &

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: AMELIA E. LOTZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: Charles J. Lotz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1878

8. AGE: Years	Months	Days	If less than one day
70	1	4	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Andrew J. Gittings
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Magdaline Soldon
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Margaret G. Shinnick
(b) Address: 1410 Patterson Park Ave.

17 (a) Burial (b) Date thereof 7/21/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 19 1948 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1947 to July 18 1948 and that I last saw h[illegible] alive on July 18 1948.

Immediate cause of death	Duration
Bronchopneumonia	2 wks
Due to agoplasty and arteriosclerosis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. P. Beverley M.D.
Address 3033 W North Ave Date signed 7/15/48

G65128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G65128 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: The Seton Institute 28

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-7-18

(e) Length of stay in Baltimore (yrs., mos., or days) 63-7-6

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6420 Reisterstown Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Charles J Hartwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: 1

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-1884

8. AGE: Years 63 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER

12. Name Bartholomew Hartwell

13. Birthplace Wexford, Ireland

MOTHER

14. Maiden Name Joanna Boland

15. Birthplace Baltimore, Maryland

16 (a) Informant The Seton Institute

(b) Address 6420 Reisterstown Rd., Balto. 15, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20/48 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Ogelo, Md.

18 (a) Funeral director Henry H. Jenkins Sons Co

(b) 4905 York Road

19 (a) (Date rec'd by registrar) Hunnington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1948 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1948 to July 17 1948 and that I last saw him alive on July 16 1948

Immediate cause of death: squamous cell carcinoma of face with metastases — Duration 7 yrs.

Due to

Due to

Other Conditions schizophrenia - late, indeterminate type

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Damian P. Alagna M. D.

Address 93 Westminster St Date signed

VS 150

G65129

BALTIMORE CITY HEALTH DEPARTMENT 127

CERTIFICATE OF DEATH V 48 B

Registered No. G65129

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Etting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Etting St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth Arrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Wallace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1879

8. AGE: Years 69 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Elkridge, Howard Co, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Howard Hackett
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Wallace Arrington
(b) Address 2209 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Baltimore Co

18 (a) Funeral director Mrs. George V. Holland
(b) Address 1631 Druid Hill Ave

19 (a) 1948 (b) Washington, D.C. Registrar
Date rec'd by reg

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1948 at 5 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 April 1948, to 17 July 1948, and that I last saw h[illegible] alive on 16 July 1948.

Immediate cause of death	Duration
Carcinoma of Uterus	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanford A Smith M. D.
Address 2209 Druid Hill Ave Date signed 7-19-48

X

G65130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130 / 47c

Registered No. G65130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 N. Eden St
(c) Hospital or institution: 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel J. Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-9287

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Sarah Saunders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1877

8. AGE: Years 71 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Dorchester Co, Md (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Anthony Saunders
13. Birthplace Dorchester Co Md

MOTHER 14. Maiden Name Mary Thomas
15. Birthplace Dorchester Co Md

16 (a) Informant Mrs. Sarah Saunders
(b) Address 406 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location Baltimore Co.

18 (a) Funeral director Mr. George T. McGibbon
(b) Address 1735 Druid Hill Ave

JUL 19 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13- 1948 to 7-2 1948 and that I last saw him alive on July 15 1948.

Immediate cause of death	Duration
Bronchogenic Carcinoma	
Due to	
Due to	
Other Conditions Cachexia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mars A Fox M. D.

Address 118 Biggs St. Date signed 7/19/48

VS 153

65131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. C65131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 East 21st Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM P. MYERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or divorced~~
M	W	Married

6 (b) Name of ~~husband or wife~~ Margaret Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16th 1887

8. AGE: Years	Months	Days	If less than one day
60	9	0	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Building

FATHER
12. Name John C. Myers
13. Birthplace N.C.

MOTHER
14. Maiden Name Martha A. Sale
15. Birthplace N.C.

16 (a) Informant Mrs. L. C. Ragsdale (Sister)
(b) Address Danville Va.

17 (a) Burial (b) Date thereof 7/20/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 20 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1948 8 P. M 05

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, ~~suicide~~ ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was ~~primary~~ ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-16-48 at Approx. 7:45 P. M.
(b) Where did injury occur? 419 E. 21st St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearms

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 7-16-48

65132 BC-C5968S

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 81a

65132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 357 Rolling Road
(If rural give location)
(e) Citizen of foreign country? US (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Subocic

3 (b) If veteran, name war: unfurn
3 (c) Social Security Account No.: unfurn

4. Sex: Male
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: unfurn
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): Oct 19 1946

8. AGE: Years 1 | Months 2 1/2 | Days 29 | If less than one day hr. min.

9. Birthplace Balto Maryland. (Town, county, and state)
10. Usual Occupation unfurn
11. Industry or business

FATHER
12. Name George L. ~~Subock~~ SUBOCK
13. Birthplace Maryland.

MOTHER
14. Maiden Name Doris L. Duerling
15. Birthplace Md.

16 (a) Informant mother - Doris L Subock.
(b) Address 357 Rolling Rd. Catonsville Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 JUL 20 1948 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 10 20 ~~P~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948, to July 18 1948, and that I last saw him alive on July 8 1948

Immediate cause of death respiratory failure — Duration

Due to Wilms's sarcoplublitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Patterson Veach. M.D.
Address University Hospital Date signed July 19 '48

G65133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65133

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. The necessary supplies.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2753 Riggs Ave.
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Jane Elizabeth Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) About 1882

8. AGE: Years	Months	Days	If less than one day
about 66			hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Griffin
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Georgianna Parker
15. Birthplace Washington D.C.

16 (a) Informant Mary Griffin
(b) Address 2753 Riggs Ave

17 (a) Burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUL 20 1948 (b) Lexington Mortuary Md
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 July 1948, at 9:20 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 15 July 1948 to 19 July 1948, and that I last saw h[illegible] alive on 15 July 1948.

Immediate cause of death	Duration
Resp. failure	
Due to Cerebral Hemorrhage and/or Thrombosis	
Due to Hypertension and C.V. disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lester A. Hall Jr. M.D.

Address 2950 Edmondson. Date signed 19 July 48

65134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 665134

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1 Broadway 12

(c) Hospital or institution: Church Home & Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 219 N Paul St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Leonora Lansdowne (LEONORA Parks LANSdowne)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1869

8. AGE: Years 79 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Draftsman - B. & O. R.R.

11. Industry or business Engineers Office

FATHER 12. Name George Lansdowne

13. Birthplace Baltimore

MOTHER 14. Maiden Name Leonora Parks

15. Birthplace Baltimore

16 (a) Informant Mrs Julia M. Prodzimus

(b) Address 19 Hawthorne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director Stewart Mort Co.

(b) Address 108 W. Mt. Royal Ave.

19 (a) JUL 20 1948 (Date received by registrar) (b) [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948 3:00 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/10 1948 to 7/18 1948 and that I last saw h[illegible] alive on 7/18 1948

Immediate cause of death Cardiac failure

Due to Arteriosclerosis

Due to Heart Disease

Due to Cardiac enlargement

Due to Anaemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 7/19/48 - See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [redacted] M.D.

Address [redacted] Date signed 7/19/48

Church Home & Hosp X

65135 467190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G65135

Please write the causes of death clearly and legibly. Use typewriter if convenient. Do not use abbreviations.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Cuba (b) County
(c) City or town Ranchuela
(If outside city or town limits, write RURAL and give town)
(d) Street No. Agramante 25
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Manuela Benavides

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-42

8. AGE: Years 5 | Months 7 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Cuba
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Ramon Benavides
13. Birthplace Cuba

MOTHER — 14. Maiden Name Manuela Lopez
15. Birthplace Cuba

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/20/48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Havana, Cuba

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 JUL 20 1948 (Date filed by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1948 to July 19 1948 and that I last saw her alive on July 19 1948

Immediate cause of death: Cerebral Leukemia IS LEUKEMIA
Due to: Cardiac Failure
Due to: Congenital Heart Disease
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation July 13, 1948
Major findings of operation: None
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. D. Cooley M. D.
Address JOHNS HOPKINS HOSPITAL Date signed July 19 '48

V S 150

665136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. 665136

Please write the causes of death clearly and legibly. Type or use indelible pencil. Do not write above or below lines. Spaces must be answered.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6218 Plantveun Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6218 Plantveun Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie L Degenhard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife George H
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1865

8. AGE: Years	Months	Days	If less than one day
82	6	23 2/6	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name William Gray
13. Birthplace J F Md

MOTHER
14. Maiden Name Mary Godwin
15. Birthplace Md

16 (a) Informant Mrs Ada Turnbull
(b) Address 6218 Plantveun Way

17 (a) Burial (b) Date thereof July 20 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Baltimore

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) JUL 20 1948 (b)
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 10.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1948 to July 16 1948, and that I last saw her alive on July 16 1948

Immediate cause of death	Duration
HEMIPLEGIA AT.	3 DYS
Due to CANCINOMATOSIS	4 MOS
Due to	over
Other Conditions ARTERIOSCLEROSIS (CONTRACTURED)	10 YRS

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Shenkein M. D.
Address 121 S. HIGHLAND Ave 24 Date signed July 16 1948

665137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

Registered No. 665137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 E Fayette St
(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E Fayette (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Emma V. Sewell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph Sewell
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) March 21 1863

8. AGE: Years 65 | Months 3 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation.....
11. Industry or business At Home

FATHER
12. Name Joseph Nouville
13. Birthplace Md

MOTHER
14. Maiden Name Katie Turner
15. Birthplace Md

16 (a) Informant Jno M Sewell
(b) Address 4207 Stanwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location.....

18 (a) Funeral director Merrick Funeral Home
(b) Address 2008 Orleans St

19 JUL 20 1948 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19....., and that I last saw h[illegible] alive on July 17 1948.

Immediate cause of death Uremia. | Duration 3 yrs.
Hypertension C.V. Disease. | 7
Due to Chronic Nephritis | 5
Due to Nazato Renal syndrome | 4
Other Conditions Diabetes Mellitus | 4

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....
23. Signature Herman Schaff M D M. D.
Address 1206 E Preston St Date signed 7-14-48

V3 153

131a

G65138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V92a

Registered No. G65138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA E. LEWIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1868

8. AGE: Years 80 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Robert O. Mickens
13. Birthplace Va.

MOTHER 14. Maiden Name Susan Penn
15. Birthplace Va.

16 (a) Informant Mrs. Ruby L. Mitchell
(b) Address 2306 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Buddle St.

19 (a) JUL 20 1948 (b) [illegible] by (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1948, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to 7-17 1948, and that I last saw her alive on 7-17-48 19

	Duration
Immediate cause of death: Cardiac failure	
Due to: Arteriosclerosis	1946
Due to: Hypertension	2 days
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Sonnen M. D.
Address 2245 Madison Ave Date signed 7-19-48

65139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH — 97

Registered No. G65139

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address FRANKLIN SQUARE HOS
(c) Hospital or institution CALHOUN & FAYETTE STS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 WEEKS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 1253 W CROSS ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN. S. HARTMAN

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex M. | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced WIDOWER.

6 (b) Name of husband or wife DECEASED.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12. 1869

8. AGE: Years 79 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace BALTO - (Town, county, and state)

10. Usual Occupation RETIRED.
11. Industry or business

FATHER
12. Name John Hartman
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Balto

16 (a) Informant MRS. P. RIGUPTSO.
(b) Address 1253 W CROSS ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location FREDERICK AVE

18 (a) Funeral director GEO LEIMBACH
(b) Address 1-25 N. LYNDHURST ST.

19 JUL 20 1948 (Date rec'd by registrar) Christopher Williams M.D. Registrar

VS 199

MEDICAL CERTIFICATION

10-

20. DATE OF DEATH 7-18 1948, at 2 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 17 July 1948 to 18 July 1948, and that I last saw ~~him~~ alive on 18 July 1948.

Immediate cause of death Thrombosis of portal vein

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy thrombosis portal vein

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent A. Cacace M. D.
Address Franklin Square Hospital Date signed 19 July 48

065140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 065140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn (b) County
(c) City or town Eagleville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine A. Usher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-44

8. AGE: Years 4 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Vernon Usher
13. Birthplace Conn

MOTHER
14. Maiden Name Marjorie Royce
15. Birthplace Conn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/48 (month) (day) (year)
(c) Cemetery or crematory Wellington Hill Conn
Location Wallington Hill Conn

18 (a) Funeral director John O Mitchell Conn
(b) Address 620 Eutaw Place

19 (a) JUL 20 1948 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-1948 to 7-19-1948 and that I last saw her alive on 7-19-1948.

Immediate cause of death Shock, Operation.

Due to Hemorrhage

Due to Congenital Heart Lesion

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 19, 1948

Major findings of operation:

of autopsy: Pulmonic Stenosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Operation
(b) Date of occurrence July 19, 1948 10 A M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Bradley M.D.
Address JOHNS HOPKINS HOSPITAL Date July 19/48

V S 150

Fill in the causes of death clearly and legibly. Physicians: please write the

65141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 74a

G65141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6514 N. Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Syb[illegible] Akers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Akers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1906

8. AGE: Years 41 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Lee Braham
13. Birthplace Va

MOTHER
14. Maiden Name Mattie O. Cox
15. Birthplace Va.

16 (a) Informant Joseph
(b) Address 6514 North Point Road

17 (a) Burial (b) Date thereof July 20/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave / Balto. Md.

18 (a) Funeral director John D Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) JUL 20 1948 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 156

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 12 N. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1948 to July 17 1948 and that I last saw h[illegible] alive on July 17 1948.

Immediate cause of death Resp. Failure

Due to Hemorrhagic gastritis
Hemorrhages

Due to Chronic Nephritis
Carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. White M. D.

Address Univ. Hosp. Date signed 7-17-48

65142 467975

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65142
Registered No.

CERTIFICATE OF DEATH 30E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Haiti (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Haiti

3 (a) FULL NAME Pierre Aubry ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years 33 | Months | Days 0 | If less than one day hr. min.

9. Birthplace Haiti (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Aubry
13. Birthplace Haiti

MOTHER 14. Maiden Name Gene Nathglie Joseph
15. Birthplace Haiti

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/48 (month) (day) (year)
(c) Cemetery or crematory Port au Prince
Location Port au Prince, Haiti

18 (a) Funeral director John O. Mitchell Home
(b) Address 1200 Eutaw Place

19 (a) AUG 20 1948 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 17 - 1948 at 4 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16- 1948 to 7-17- 1948, and that I last saw him alive on 7-17- 1948.

Immediate cause of death (Enter only one cause per line for a, b, and c.)
(a) Coronary Insufficiency — Duration 3 hrs
Due to (b) Syphilitic heart disease — Duration 3 yrs
Due to (c) — Duration
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Results of autopsy: Syph. cardiovascular disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Smith M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 8/17/48

V S 150

X

G65143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G65143 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home and Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME ARTHUR HORWITZ

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W
6 (b) Name of husband or wife LATE ANNIE
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1-18-1870
8. AGE: Years 70 Months 4 Days 1 If less than one day — hr. — min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name Isaac Horwitz
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Frank
(b) Address 6905 Reisterstown Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave & Phila Road
18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W North ave
JUL 20 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 July 1948, at 8 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1948 to 7/19 1948 and that I last saw him alive on 7/19 1948

Immediate cause of death Pneumonia, lobar — due to organism unknown — Duration 96 hrs

Due to —

Due to —

Other Conditions Hemorrhage, intracranial, due to arteriosclerosis — 5 days
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Lee Howard M.D.
Address Church Home Hosp. Date signed 7/19/48

48 150

G65144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G65144

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Hanes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1941

8. AGE: Years	Months	Days	If less than one day
6	8	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Berry
13. Birthplace Charlotte, N. C.

MOTHER
14. Maiden Name Mamie Hans
15. Birthplace N. Carolina

16 (a) Informant Henry Berry
(b) Address 1813 W. Eagle St., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn, Md.

18 (a) Funeral director Charles H. Alexander
(b) Address 1200 McCulloh St., Baltimore, Md.

19 JUL 20 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 4:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 17 1948 at 4:50 P.M.
(b) Where did injury occur? Fort Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed July 18 1948

G65145

GM. 109700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 16

✓ G65145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 W. Lanvale ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** William Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Lillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12- 1898

8. AGE: Years	Months	Days	If less than one day
50	5	5	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Irvin Johnson
13. Birthplace S.C.

MOTHER
14. Maiden Name Rose Belton
15. Birthplace S.C.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Wm A Jackson
(b) Address 916 Fleming
(c) Huntington Williams, M.D.

JUL 20 1948 (Date rec'd by registrar) Registrar

V3 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 17 - 1948, at 12.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4- 7 - 1947, to 7- 17- 1948, and that I last saw him alive on 7- 17- 1948

Immediate cause of death Uremia — Duration 10 days

Due to Tuberculin is of kidneys bilaterally.

Due to

Other Conditions Tuberculosis hip, spine, ulna, epididymis.
(Include pregnancy within 3 months of death)

Date of operation 9-5-45

Major findings of operation: Tuberculosis of spine. 11 - T12 fused.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David H. Maurer M.D.
Address Balto City Hosps. Date signed 7-19-48

X

G65146

GM. 120703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4350 Kresson ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Francis Farley

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 -1884

8. AGE: Years	Months	Days	If less than one day
64	5	3	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation Railroad Conductor
11. Industry or business

FATHER
12. Name Frank E. Farley
13. Birthplace MD.

MOTHER
14. Maiden Name Margaret Murray
15. Birthplace England

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Maryland

18 (a) Funeral director Thos. J. Evans & Son, Inc.
(b) Address 118 N. Pkt. Royal Ave.

19 (b) 20 1948 Date rec'd by registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 18 - 1948, at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 24- 1948, to 7- 18 - 1948 and that I last saw h im alive on 7- 18- 1948

Immediate cause of death (a) Cancer of prostate

Duration
mos

Due to

Due to

Other Conditions Cancer of the prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Gordon Croft M. D.
Address Balt. City Hosp. Date signed 7/19/48

65147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1141 ✓ Registered No. 665147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Williamsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No.....
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Ethel Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 If colored or race Colored | 6 (a) Single, married, widowed, or divorced Wd.

6 (b) Name of husband or wife Luther

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1403

8. AGE: Years 45 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Goldsborough Smith
13. Birthplace Md.

MOTHER 14. Maiden Name Lizzie Lake
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 29 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Federalsburg
Location Federalsburg Md.

18 (a) Funeral director J. Frampton Son.
(b) Address Federalsburg Md.

19 (a) JUL 29 1948 (b) [illegible] Williams M.D.
(Date received by Registrar) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-48 6.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28-48 to 7-19-48 and that I last saw her alive on 7-14-1948.

Immediate cause of death Post-operative Hemorrhage — Duration .....

Due to Pneumonectomy — Duration .....

Due to (or) Lung Abscess — Duration 5 mos.

Other Conditions.....

(Include pregnancy within 3 months of death)

Date of operation 7/19/48

Major findings of operation: Lung Abscess

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature David C. Sabiston Jr. M. D.
Address JOHNS HOPKINS HOSPITAL Date signed.....

For Autopsy Pathological Examiner X

65148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1048 B

Registered No. G65148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N. Port St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(a) Street No. 204 N. Port St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Aversa

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-9194

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nicholas

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 18 1890

8. AGE: Years 58 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Hand. Sewer.

11. Industry or business

FATHER
12. Name Victor Corasanit.
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa Ranieri
15. Birthplace Italy

16 (a) Informant Nicholas Aversa.
(b) Address 204 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1948 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER
Location 4300 BELAIR RD.

18 (a) Funeral director DIPPEL BROS.
(b) Address 1806 E LOMBARD ST.

19 JUL 20 1948 Registered by registrar [illegible] Registrar

VS-150

MEDICAL CERTIFICATION

15

20. DATE OF DEATH July 19 1948 at 7: A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/46 19.. to 7/19/48 and that I last saw alive on 7/19/48 19..

Immediate cause of death	Duration
Acute Peritonitis	1 wk
Due to Obstruction of Intestines	10 yrs
Due to Carcinomatosis	10 yrs
Due to Diverticulitis	
Other Conditions: Emphysema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Herrmann
Address 1710 E. 33 Date signed 7/21/48 M. D.

D. H. Herrmann

65149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G65149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4646 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4646 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-5487

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Hutchins
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1878

8. AGE: Years	Months	Days	If less than one day
70	5	2	..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Bank

FATHER
12. Name John F. Hutchins
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Frederick
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret O. Hutchins
(b) Address 4646 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 JUL 20 1948 (Date rec'd by registrar) (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th, 1948 at 12:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1948, to 7/19th 1948, and that I last saw h im alive on 7/19 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	7-14-48
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex D Burket M. D.
Address 4803 Park Heights Date signed

VS 150

X

665150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50 ✓

Registered No. G65150

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp 28-
(c) Hospital or institution: Calvert & Pleasant Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 16 Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 6510 Parsons Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) **FULL NAME** Mary E. Skane S35259

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife James B. Skane

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 3, 1911

8. AGE: Years 37, Months 2, Days 15, If less than one day ..... hr. ..... min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles Mason
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Mary Mccabe
15 Birthplace Maryland

16 (a) Informant Husband
(b) Address same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory St. Chas. Cemetery
Location Pikesville, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Pk. Hgts. Ave.

19 JUL 20 1948 (Date rec'd by registrar) [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1948, at 1 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1948 to 7-18 1948, and that I last saw her alive on 7-18 1948.

Immediate cause of death Circ & resp failure — Duration 1/2 hr.

Due to Generalized Carcinomatosis — 3 yrs.

Due to Ca of breast — over

Other Conditions 6 mo gestation.

(Include pregnancy within 3 months of death)

Date of operation 7-17-48.

Major findings of operation: ascites, ruptured uterus, dead fetus, (recent).

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Fluhrer M.D.
Address Mercy Hosp. Date signed 7-18-48
John F. Ullsperger ×

G65151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65151

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - 24 (If outside city or town limits, write RURAL and give town)
(d) Street No. 5115 Fairwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry P Hoffman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-1868

8. AGE: Years	Months	Days	If less than one day
79	7	28	hr. min.

9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Gilbert
15. Birthplace Germany

16 (a) Informant Mrs. A J Lowe
(b) Address 5115 Fairwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1948 (month) (date) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co Md

18 (a) Funeral director Wendel Chapel
(b) Address 815 S Highland Ave

JUL 20 1948 (Date rec'd by registrar)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1948, at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1948 to 7-17 1948 and that I last saw h[illegible] alive on 7-17 1948

Immediate cause of death Cardiac Tamponade (Hemo-pericardium)
Due to Myocardial rupture
Due to Myocardial Infarct
Other Conditions Generalized Arteriosclerosis & Syphilis
(Include pregnancy within 3 months of death)

Duration
Minutes

Date of operation 7 July 1948
Major findings of operation: Syphilis Heart Disease
of autopsy: Hemopericardium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A Bark M. D.
Address Church Home Date signed 7-17

65152

E.J.A. 120907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 136

Registered No. G65152

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 750 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ollie Malin

3 (b) If veteran, name war.	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife Herman Malin
6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1900

8. AGE: Years	Months	Days	If less than one day
47	8	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Fix
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Mc Gee
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Maryland

18 (a) Funeral director Lemuel Boyd
(b) Address 5005 Park Heights Ave
(c) 20 1948 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 19 , at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2, 1948, to July 18, 1948, and that I last saw her alive on July 18 48.

Immediate cause of death Miliary tuberculosis — Duration 4 mo.
Due to — Duration
Due to — Duration
Other Conditions Old hemiplegia right due to ruptured cerebral aneurysm — Duration 9 mo.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret A. Magan M. D.
Address Baltimore City Hosp. Date signed 7-18-48

65153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. G65153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5511 Narcissus Ave
(c) Hospital or institution:
27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5511 Narcissus Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frances F. McAfee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Carey K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 30, 1871

8. AGE: Years	Months	Days	If less than one day
76	10	19	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William R Simpson
13. Birthplace Lancaster Pa.

MOTHER
14. Maiden Name Anna M. Schmidt
15. Birthplace Maryland

16 (a) Informant Mr Carey McAfee
(b) Address 5511 Narcissus Ave

17 (a) Burial (b) Date thereof 7-22-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Lorenz Bros
(b) Address 501 Park Ave

JUL 20 1948
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1871 to June 10 1948, and that I last saw her alive on June 10 1948.

Immediate cause of death	Duration
Coronary Occlusion	15 min
Due to Coronary Arteriosclerosis	6 yrs
Due to General Arteriosclerosis	10 yrs
Other Conditions Chronic hypertension	8 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. Edel M.D.

Address 3403 Fairmount Blvd Date signed 7/19/48

VS 150

G65154

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65154

CERTIFICATE OF DEATH 54a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green St.
(c) Hospital or ~~institution~~:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5717 Old Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Alvin S. Simering

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-18-0565

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Grace L. Simering
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) March 8, 1900

8. AGE: Years	Months	Days	If less than one day
48	4	9	___ hr. ___ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Mechanist
11. Industry or business Washington Naval Yard

FATHER
12. Name John D. Simering
13. Birthplace Baltimore

MOTHER
14. Maiden Name Maude Cleary
15. Birthplace Woodstock, Md.

16 (a) Informant Mrs. Grace L. Simering
(b) Address 5717 Old Washington Blvd Elkridge, Md.

17 (a) Burial (b) Date thereof July 21, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lorraine Cemetery
Location Baltimore Md.

18 (a) Funeral director A. Lester Carpe
(b) Address 5503 Main St. Elkridge Md.

19 (a) JUL 20 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1948, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 July 1948, to 17 July 1948, and that I last saw him alive on 17 July 1948.

Immediate cause of death	Duration
Intracerebral hemorrhage into neoplasm - astrocytoma	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 16 July 48

Major findings of operation: astrocytoma, Rt. fronto-parietal area

If autopsy: astrocytoma & hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George M. Smith M. D.
Address Date signed

X

1825 11 0C-48-12412

665155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1579

665155 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Redd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Boy	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-48

8. AGE: Years	Months	Days	If less than one day
	1 1/2	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Christine Redd
15. Birthplace ?

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 21 '48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location B. C. County
18 (a) Funeral director Mrs Gertrude Elliott
(b) Address 1129 N. Carlton St
19 (a) Date received JUL 20 1948 (b) Registrar Huntington Williams

V S-150

MEDICAL CERTIFICATION 15

20. DATE OF DEATH July 18 1948, at 10a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948 to July 18 1948 and that I last saw him alive on July 18 1948

Immediate cause of death: Necrosis of the bowel. — Duration

Due to ? mesenteric thrombosis.

Due to malformation of the bowel.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 7/17/48 7/10/48
Major findings of operation (2) gangrenous bowel. (1) atresia of duodenum.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/19/48

X

G65156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G65156 Registered No.

Please write plainly with pen and ink. Use no abbreviations. Be sure to answer all questions, and make no erasures. Prepare the certificate of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Madison Ave
(c) Hospital or institution: 11-

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Columbus Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Charity

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1872

8. AGE: Years 76 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Lancaster County Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Sprigg Jones
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ceig Skolston
(b) Address 1512 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md.

18 (a) Funeral director Mrs Pettis Elliott Dyl
(b) Address 1129 N. Caroline St.

19 (a) JUL 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 1.53

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1948 at 2 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/14 1948 to 7/16 1948 and that I last saw h alive on 7/15 1948.

Immediate cause of death	Duration
Chronic Cardiac Failure	
Due to Arteriosclerosis	yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address 600 Washington Ave Date signed 7/19/48

G665157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 53

G665157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Smallwood St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Henry Forrest

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife. Helen
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 10. 1880

8. AGE: Years 67 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Thomas Forrest
13. Birthplace Balto

MOTHER
14. Maiden Name Sara Ford
15. Birthplace Balto Md

16 (a) Informant Helen Forrest
(b) Address 21 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director Wartzog & Conroy
(b) Address 102 & 11 Edmondson Ave

19 (a) JUL 20 1948 (Date received by registrar) (b) Huntington Mulligan, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 4 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to July 19 1948. and that I last saw him alive on July 16 1948.

Immediate cause of death	Duration
Acute pneumonitis, right	9 days
Due to Metastatic carcinoma right lung	4 mo.
Due to Carcinoma left ear (squamous cell)	10 mo
Other Conditions Uremia	

(Include pregnancy within 3 months of death)
Date of operation Feb 17, 1948
Major findings of operation: Carcinoma left ear
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. G. Leuman M. D.
Address 1114 St Paul St Date signed July 19 19

VS 130

665158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. 665158

Type or print clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 855½ Vine Street
(c) Hospital or institution:

18

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 855½ Vine St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES M. BARRETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr) 4/8/1900

8. AGE: Years	Months	Days	If less than one day
48	3	8	hr. / min.

9. Birthplace Chestertown, Md.
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name James Barrett
13. Birthplace Chestertown, Md.

MOTHER
14. Maiden Name Annie Williams
15. Birthplace Chestertown, Md.

16 (a) Informant Minnie Barrett (Wife)
(b) Address 855½ Vine St

17 (a) Burial (b) Date thereof 7/20/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

19 July 20 1948 Huntington Williams, M.D.
(Date received by local registrar) Registrar

VS 152

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16/48 19 , at 8:30 M P

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/48 to 7/16/48, and that I last saw him alive on 7/16/48

Immediate cause of death	Duration
acute coronary occlusion	30 minutes
Due to hypertension	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Mosher St Date signed 7-19-48

X

G65159

Dr. Nolan
2104 Harriss

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G65159

Write and cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2902 Reuckert Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Reuckert Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: KATE M. KROELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: femlae

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William Kroell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1864

8. AGE: Years 84 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: George Fily
13. Birthplace: Germany

MOTHER
14. Maiden Name: Caroline Tauerbach
15. Birthplace: ?

16 (a) Informant: Mrs. Edward Bittrick
(b) Address: 2902 Reuckert Avenue

17 (a) Burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location: Baltimore

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road #14.

19 (a) JUL 20 1948 (b) Washington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1948 to 7/18 1948, and that I last saw her alive on July 17 1948.

Immediate cause of death Uremia

Due to Nephrosclerosis

Due to

Other Conditions Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature James McCann
Address 5206 Harford Rd #5 Date signed 7/19/48

665160 BALTIMORE CITY HEALTH DEPARTMENT X ✓ 665160

CERTIFICATE OF DEATH 467

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Kenilworth Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian A. Jones.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. M
6 (b) Name of husband ~~or wife~~ Norman A. Jones.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Aug. 22-1897
8. AGE: Years 50 Months 10 Days 27 If less than one day hr. — min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Eugene Bianko.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine Wagner
15. Birthplace Baltimore, Md.

16 (a) Informant Norman A. Jones.
(b) Address 1404 Kenilworth Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Road

19 (a) JUL 20 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1948, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1948, to 7-19 1948, and that I last saw her alive on 7-19 1948.

Immediate cause of death Myocardial failure — Duration
Due to Ca Metastasis
Due to Ca uterus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 7-19-48
Major findings of operation: Ca uterus
of autopsy: Ca uterus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Bruce, M. D.
Address Md. Gen. Hosp. Date signed 7-19-48

X

665161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 665161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital ~~or institution~~: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 N. Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Busky, Dorothy Amelia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Milton Busky

6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): May 10, 1908

8. AGE: Years: 40 | Months: 2 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Walter L. Westphal
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary Hagan
15. Birthplace: Baltimore Md.

16 (a) Informant: John M. Busky
(b) Address: 1700 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: North Ave. Rose St.

18 (a) Funeral director: John C. Miller Sons
(b) Address: 2425 E. Oliver St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 18, 1948, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948, to July 18, 1948. and that I last saw her alive on July 18, 1948.

Immediate cause of death	Duration
Acute Dilatation of Heart	30 min
Due to Diabetic Mellitus	14 d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Stevens M. D.
Address 2878 Harford Rd Date signed 7/18/48

X

G65162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

✓ G65162 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 W Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Telley

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. –

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary A
6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1860

8. AGE: Years 87 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business Retired

FATHER
12. Name Alexander Telley
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Sarah Ann Dennison
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary A. Kirk
(b) Address 1938 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson & Longwood Sts

18 (a) Funeral director John A. Coffman & Son
(b) Address 901-03 Pulaski St Twin Arrow Williams, Md.

19 JUL 20 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH July 19th 1948, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946, to July 19 1948 and that I last saw him alive on July 19 1948.

Immediate cause of death	Duration
arteriosclerotic Cardiac renal vascular disease	?
Due to	
Due to	
Other Conditions Senility (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature DeWitt Langdon M. D.
Address 405 N. Payson St. Date signed 7/19/48

VS 150

S.C. #48-15526 REUSING

665163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 161c

Registered No. 665163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mem. Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Elverton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Millersville P O
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bobby boy Rensing

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/18/48

8. AGE: Years	Months	Days	If less than one day
		1	~~1~~ hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Clifford
13. Birthplace Elverton a a Co. Md.

MOTHER
14. Maiden Name Ruth Rensing
15. Birthplace Butler Md.

16 (a) Informant Ruth Rensing
(b) Address Alverton a a Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21-48 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Ritchie Blvd.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aisken St.

19 (a) JUL 20 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1948 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1948 to 7/19 1948 and that I last saw him alive on 7/19 1948

Immediate cause of death	Duration
Hemorrhagic	
Due to drowning shock	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Multiple hemorrhages

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Gordon Gross M.D.
Address West Balto Gen Hosp Date signed 7/19/48 M. D.

VS 150

Please write the causes of death clearly and legibly. Physicians, please write in ink.

65164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 9213 ✓

Registered 65164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5710 Hamilton Avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.
#1	215-09-3196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of [redacted] or wife Jule (nee Couturier)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1890

8. AGE: Years	Months	Days	If less than one day
57	10	6	hr. min.

9. Birthplace Charleston, S. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Gecheon Moore
13. Birthplace Charleston, S. C.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Jule Couturier Moore - wife
(b) Address 5710 Hamilton Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (month) (day) (year)
(c) Cemetery or [redacted] Baltimore National
Location 5501 Fred'k Road, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc
(b) Address 2601-3-5 E. Madison Street

19 (a) [redacted] (b) Huntington Williams, MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948, at 12:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1948 to 7/18 1948. and that I last saw h[redacted] alive on 7/18 1948.

Immediate cause of death	Duration
Subacute Bacterial Endocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Verrucous lesions aortic & mitral valves myocardial abscesses. Renal infarct of autopsy. [illegible] aortic leaflet perforation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marjorie Ahrens, M.D.
M. D.
Address Sinai Hosp. Date signed 7/18/48

V[redacted]50

X

65165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 S. Robinson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S Robinson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Tierney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~.
Male	White	Widow

6 (b) Name of husband or wife Margaret Tierney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1878

8. AGE: Years	Months	Days	If less than one day
70	-	24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John J. Tierney
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridges Joyce
15. Birthplace Ireland

16 (a) Informant Mrs Mary Peters
(b) Address 20 S. Robinson St

17 (a) Burial (b) Date thereof July 22 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John G Mosan
(b) Address 3000 E Baltimore St

19 (a) JUL 20 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1948 to July 18, 1948 and that I last saw h alive on July 17, 1948

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence A Wolfe M. D.
Address 331 E. Monument Date signed 7-19-48

VS 150

G65166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G65166

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. Md.
(b) Street address
(c) ~~Hospital or~~ institution: Jenkins Memorial 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mths.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ella A. McCoy

3 (b) If veteran, name war none

3 (c) Social Security Account No. None

4. Sex 7

5. Color or race W

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband or ~~wife~~ Hugh J. McCoy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1861

8. AGE: Years 86 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore Md.

19 JUL 20 1948 (Date rec'd by registrar) (b) Washington Hillsboro, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at ? M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1948 to July 19 1948
and that I last saw h[illegible] alive on July 19 1948

Immediate cause of death Cardio Resp. Failure

Due to Terminal Pneumonia

Due to General cachexia + anemia from Gastric ulcer

Other Conditions Chronic Osteo Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 7-21-48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write as specialty important. Use [illegible] necessary supplies.

G65167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1222a

G65167

Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Caton Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country England

3 (a) FULL NAME Mrs. Annie Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No. ?
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Female	White	Widowed

6 (b) Name of husband or wife Wm. DAVID LEWIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-1884

8. AGE: Years	Months	Days	If less than one day
64	2	23	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John H. Whale (Dec.)
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Triggle (Dec.)
15. Birthplace England

16 (a) Informant MRS. CARRIE HOGLAND
(b) Address 1812 EATON place

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-22-48 (month) (day) (year)
(c) Cemetery or crematory LOUDON REMATORY
Location BALTIMORE

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address BALTO. MD.

19 (a) JUL 20 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 at 10:22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1948 to 7-19 1948 and that I last saw h[illegible] alive on 7-19 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Generalized peritonitis	
Due to Acute perforated appendicitis	
Other Conditions Strangulated incarcerated epigastric hernia	

(Include pregnancy within 3 months of death)
Date of operation July 18, 1948
Major findings of operation As above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter D. Bennett
Address St. Agnes' Hosp. Date signed 7/19/48

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65168

BALTIMORE CITY HEALTH DEPARTMENT X 48a Registered No. G65168

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital, Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Ann Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Dale Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Helen Barnes
3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Paul H. Barnes
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Jan. 19, 1899
8. AGE: Years 49 | Months 5 6 | Days 201 | If less than one day ____ hr. ____ min.
9. Birthplace Ohio County, W. Va. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Patrick Duffy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Gallagher
15 Birthplace Ireland.

16 (a) Informant Husband.
(b) Address 827 Dale Rd. Glen Burnie, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Baltimore Md.
18 (a) Funeral director Mulhym & Doyle
(b) Address 1217 E. Fayette St.
(c) JUL 21 1948 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948 at 2 00 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 8 am 7/20 1948, to 2 00 7/20 1948, and that I last saw h er alive on July 20 1948.

	Duration
Immediate cause of death Cachexia	
Due to Carcinoma of Cervix with Local Metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Carcinoma of cervix, hydronephrosis, mechanical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Frank Supplee, III
Address Union Memorial Hosp. Date signed July 20, 1948 M.D.

VS 159

5169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G65169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Broadway + Fairmont Ave
(b) Street address ~~1741 Duncan St~~
(c) Hospital or institution:
Church Home + Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 34
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Duncan St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rubenson, Benjamin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE

5. Color or race WHITE

6 (a) ~~Single, married, widowed, or divorced~~ married

6 (b) Name of husband or wife Dessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Unknown 1841

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER
12. Name LEWIS RUBINSON
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN, LENA
15. Birthplace LITHUANIA

16 (a) Informant Dessie Rubenson
(b) Address 401 W 24 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)

(c) Cemetery or crematory
Location Hebrew Herring Run

18 (a) Funeral director Jos. Lewis Inc
(b) Address 2160 Eutaw Place

JUL 21 1948 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948 at 6½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 17 June 1948 to 20 July 1948, and that I last saw him alive on 17 July 1948.

Immediate cause of death Acute Myocardial Failure — Duration 4 hrs

Due to Generalized Arteriosclerosis

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Dr. Yaffe P.M. & C.P.C.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. K. Morton M. D.
Address Church Home & Hospital Date signed 7/20/48

Funeral Director Williams, MD

VS 199

97

065170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. 065170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 N Old Town Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 N Old Town Lane (If rural give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country

3 (a) **FULL NAME** Julius Hugo Rudolph Lincke

3 (b) If veteran, name war W | 3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30 1865

8. AGE: Years 83 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Dresden Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Wilhelm Lincke

13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelmina Kline

15. Birthplace Germany

16 (a) Informant Paul Lincke

(b) Address 2 Landsmut Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/48 (month) (day) (year)

(c) Cemetery or crematory Lushington

Location Parkville Md

18 (a) Funeral director Wilson & Son

(b) Address 1519 E Pratt St

19 (a) JUL 21 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1948, to July 19 1948; and that I last saw him alive on July 19 1948.

Immediate cause of death	Duration
Chronic Myocarditis -	10 yrs.
Due to Arteriosclerosis.	20 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R Klemm Jr M.D.

Address 3803 Elmley Ave Date signed 7/20/48

V S 150

65171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G65171

65171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1871

8. AGE: Years 76 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wilbon R Hooper

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth C Williams

15. Birthplace Washington

16 (a) Informant Mary A Glaser

(b) Address 1903 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Baltimore Md

18 (a) Funeral director Wilbon & Son

(b) Address 1217 E Fort Ave

19 JUL 21 1948 (Date rec'd by registrar) (b) Contagion Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1947, to July 16 1948, and that I last saw h alive on July 16 1948

	Duration
Immediate cause of death Arteriosclerotic heart disease	10 yrs
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stephen B. Hurwitz M. D.

Address 3018 W. North Ave. Date signed July 20 1948

V S 150

53172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N Edmond Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N Edmond Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline M Brinkley

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30 1875

8. AGE: Years 73 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles Kimes
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Richmond
15. Birthplace Maryland

16 (a) Informant Mrs A Smith
(b) Address 633 N Edmond Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Williams & Jones
(b) Address 127 E Saratoga St

19 (Date rec'd by registrar) JUL 21 1948 (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 9 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 / 72 1945, to July 11th 1948, and that I last saw h[illegible] alive on July 11th 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2½ days
Due to: arterio sclerosis — 8
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H J Jenkins M. D.
Address 100 N Milton Ave Date signed 7/22/48

V S 150

H J Jenkins

65173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 931

G65173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4219 Ridgewood
(c) Hospital or institution: 28-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4219 Ridgewood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary MAGEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Joseph Magee
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1869

8. AGE: Years: 78 | Months: 8 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Balto (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Jacob Herzinger
13. Birthplace: Ger

MOTHER
14. Maiden Name: Eliza Hefner
15. Birthplace: Ger

16 (a) Informant: Mrs Mamie Magee
(b) Address: 4219 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/48 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem
Location: Balto Co Md

18 (a) Funeral director: Wilhelm Funeral Home
(b) Address: 2008 Orleans St

JUL 21 1948 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 11:00 AM

21. I certify that I took charge of the remains described above, held an Inspection and Ing - thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑; accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Hypertensive cardiovascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: George E Merrill M.D. Medical Examiner.

Date signed 7/19/48

VS 151

65174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. G65174

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Gilmor (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie McDaniel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Lucious
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-1905

8. AGE: Years	Months	Days	If less than one day
43	1	24	hr. min.

9. Birthplace Sussex Co. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sonny Myrick
13. Birthplace Va.

MOTHER
14. Maiden Name Helen White
15. Birthplace Va.

16 (a) Informant Lucious McDaniel
(b) Address 519 N. Gilmor St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory [redacted] Antietam
Location Balto. Co

18 (a) Funeral director Samuel W. Sulkowski Jr
(b) Address 101 N. Arlington Ave

19 (a) JUL 21 1948 (Date rec'd by registrar) Huntington Williams M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1948, at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1948 to July 18 1948 and that I last saw her alive on July 16 1948

Immediate cause of death Tuberculosis of Lungs — Duration 7 mo's

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Cabell Fry, M.D.
Address 1938 Penna Ave Date signed 7/19/48

G65175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G65175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6019 Holabird Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-
(e) Length of stay in Baltimore (yrs., mos., or days) a/a

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6019 Holabird Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME William T. Feehley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Juliette Feehley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/18/88

8. AGE: Years	Months	Days	If less than one day
60	1	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Michael Feehley
13. Birthplace Balto

MOTHER
14. Maiden Name Louise ?
15. Birthplace Balto

16 (a) Informant Juliette Feehley - wife
(b) Address 6019 Holabird Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Extd.

18 (a) Funeral director Lilly & Zeiler Co
(b) Address 403 Ls. St. & Fe. Stad.

19 JUL 21 1948 (Date rec'd by registrar) (b) Huntington Indiana Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 July 1948, at 5:25 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carcinoma of Prostate with Pelvic Metastasis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer, Jr. M.D. Medical Examiner.
Date signed 20 July 1948

VS 151

5176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 S. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter B. Jakubik
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. WID
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/23/1883
8. AGE: Years 64 65 | Months 6 | Days 25 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15 Birthplace

16 (a) Informant Edward Jakubik
(b) Address 622 S. Montford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road
18 (a) Funeral director Lilly & Sons Inc
(b) Address 403 S. Arch St
19 (a) Filed July 22 1948 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948 at 10:25 P M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948 to July 18 1948 and that I last saw h[illegible] alive on July 18 1948

Immediate cause of death	Duration
Pulmonary Edema	18 hrs
Due to Arterio-sclerotic Heart Disease	2 yrs.
Due to Generalized Arterio-sclerosis	2 yrs.
Other Conditions Hypertensive Cardio-Vascular Disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Pulmonary Edema Arterio-Sclerotic Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ray E Burgess Jr M.D.
Address St. Joseph's Hosp Date signed 7/19/48

VS 152

665177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-15493 / 159

Registered No. 665177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hazellief

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	INFANT

6 (b) Name of husband or wife NONE

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/20/48

8. AGE: Years	Months	Days	If less than one day
			14 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER
12. Name Ernest Hazellief
13. Birthplace Florida

MOTHER
14. Maiden Name Deloris Edler
15. Birthplace Md.

16 (a) Informant Lottie L. Edler
(b) Address 718 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director Lilly J. Zeiler Inc.
(b) Address 403 S. Wolfe St 31

19 JUL 21 1948 (Date filed by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1948 to 7-20 1948 and that I last saw [illegible] alive on 7-20 1948

Immediate cause of death	Duration
respiratory failure	
Due to premature birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy premature infant

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Jeffries MD

Address Sinai Hosp Date signed 7/22/48

65178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V.13B

Registered No. G65178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 N Pine St
(c) Hospital or institution: 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] 407 N Pine
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Goodman — DAVID GOODMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mal	Colord	

6 (b) Name of husband or wife Mamie Goodman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/15

8. AGE: Years	Months	Days	If less than one day
33	4	14	hr. min.

9. Birthplace Smithville SC (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Dadley Goodman
13. [redacted] SC

MOTHER
14. Maiden Name Ella Vandrown
15. Birthplace SC

16 (a) Informant Mamie Goodman
(b) Address 407 N Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave

19 JUL 21 1948 (Date filed by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1948 to July 17 1948 and that I last saw [redacted] alive on July 17 1948

Immediate cause of death	Duration
Pulmonary Tuberculosis	4 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Watts M.D.
Address 515 Washington Date signed 7/21/48

VS 150

65179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington Street
(c) Hospital or institution:
Aged Women's and Aged Men's Home 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac A. Schleick- Adam A.N. Schleich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mollie Schleich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19th, 1863

8. AGE: Years 84 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name John H. Schleich
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M.?
15. Birthplace ?

16 (a) Informant Records Aged Women's Aged Mens Home
(b) Address 1400 W. Lexington St.

17 (a) Burial (b) Date thereof 7/23/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 JUL 21 1948 (Date rec'd by Registrar) [illegible]

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1948, 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948, to July 19 1948, and that I last saw h[illegible] alive on July 15 1948.

Immediate cause of death Cardio-Vascular Failure — Duration

Due to Coronary Occlusion

Due to Arteriosclerotic Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4 E 33rd St Bal 18 Date signed July 21 1948

65180 BC = C96166 BALTIMORE CITY HEALTH DEPARTMENT G65180

CERTIFICATE OF DEATH 1948

Registered No.

Please answer questions 1 to 23 clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 N. Poulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No 238 N. Poulton Ave (If rural give location) Fulton
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Linda L. West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov 27th 1947

8. AGE: Years	Months	Days	If less than one day
	7	22	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul L. West
13. Birthplace Md

MOTHER
14. Maiden Name Audrey Meyers
15. Birthplace Md.

16 (a) Informant Paul L. West
(b) Address 238 N. Poulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22nd 1948 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Taylor Ave

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Patterson Park ave

1948 JUL 21 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19th 1948, at 11.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 20 July 1948.

Immediate cause of death Suffocation

Duration Immediate

Due to Obstruction of Milk.

Due to Unknown.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-19-48 at 10:30 M
(c) Where did injury occur? 238 N Poulton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Drowning

23. Signature Charles Commarotta M. D.
Address 910 W. Lombard St Date signed July 20 1948

VS 153

X

65181 G65181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Laura Zepp
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1879

8. AGE: Years 69 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Mr. Noah Shaffer
13. Birthplace Md

MOTHER 14. Maiden Name Rebecca Yingling
15. Birthplace Md.

16 (a) Informant Mr Zepp
(b) Address 2319 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22nd 1948 (month) (day) (year)
(c) Cemetery or crematory Lutheran Location Manchester, Md

18 (a) Funeral director Leo S. Leach
(b) Address 1701-03 N. Patterson Park

1948 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/48 19 , at 8:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 19 48 to 7/19 19 48.
and that I last saw him alive on 7/19 19 48.

Immediate cause of death (Cardiac Failure Complete Heart Block Coronary Thrombosis
Due to Arteriosclerotic Heart Disease
Due to Diabetes Mellitus
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same 7/19/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Mueller M. D.
Address Church Home Date signed 7/19/48

937

665182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) [redacted] 1104 Wood Heights Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 - 14
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Wood Heights Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 FULL NAME Samuel T. Ensor

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie V. Ensor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 20, 1888
8. AGE: Years 59 | Months 11 | Days — | If less than one day hr. min.
9. Birthplace: Baltimore Co., Maryland (Town, county, and state)
10. Usual Occupation: Plumber
11. Industry or business:

FATHER
12. Name: Thomas K. Ensor
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Jane Baublitz
15. Birthplace: Maryland

16 (a) Informant: Mrs. Bessie V. Ensor
(b) Address: 1104 Wood Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1948 (month) (day) (year)
(c) Cemetery or crematory: Pine Grove
Location: Baltimore Co., Maryland

18 (a) Funeral director: Burgee Funeral Home
(b) Address: 3631 Falls Road

19 JUL 21 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 20, 1948 at 6.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948 to July 20 1948 and that I last saw h. alive on July 20 1948.

Immediate cause of death	Duration
Cardiac Decompensation	
Acute Pulmonary Edema	
Due to Hypertension c VD	
Due to Angina Pectoris	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lawrence J. Linnartz M.D.
Address 371 Falls Rd Date signed 7-21-48

665183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 665183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Morgue 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (O'Donnell Heights)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6210 Carborway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY KILBY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1935

8. AGE: Years 13 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Carlin P. Kilby
13. Birthplace Virginia

MOTHER
14. Maiden Name Macy I. Marsh
15. Birthplace Virginia

16 (a) Informant Mrs. Macy I. Kilby
(b) Address 6210 Carbore Way, O'DONNELL HGTS.

17 (a) Burial (b) Date thereof July 21, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Hampden)
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

JUL 21 1948 Washington Williams, MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 1:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 19, 1948 11:00 a.m.
(b) Where did injury occur? Quarry, Cockeysville
(c) Did injury occur at home, on farm, industrial place, in public place? Quarry While at work? No
(d) Means of injury Found drowned

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/19/48

VS 151

G65184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V94a

G65184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 7-

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 N. Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna KRAL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph Kral
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1890

8. AGE: Years 58 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace: Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Louis Resler
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Neumpel
15. Birthplace Bohemia

16 (a) Informant Edward Kral
(b) Address 927 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brachi & Son
(b) Address 900 N. Chester St

19 (a) JUL 21 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary thrombosis
Arteriosclerosis.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 7/19/48

VS 151

5185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X/61

G65185
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D-31
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Murdock Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Wells (CLARA R. WELLS)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James A. Wells
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Oct. 28, 1874
8. AGE: Years 73 | Months 8 | Days 22 | If less than one day ____ hr. ____ min.
9. Birthplace: BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: John Emerine
13. Birthplace: Baltimore County

MOTHER
14. Maiden Name: Margaret Schneider
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. John A. Divan
(b) Address: 507 Murdock Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Henry Sander & Sons, Inc
(b) Address: North Ave. & Broadway

JUL 21 1948 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1948 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary Disease

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed 7/20/48

VS 181

94a

55186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. 66186

Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 S Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Fulton ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Nellie G. Primrose.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Home Duties.

11. Industry or business

FATHER
12. Name William G Primrose.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret E. Donehar
15. Birthplace Baltimore, Md

16 (a) Informant John Primrose
(b) Address 111 S. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1948 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director Joanis Lank Sons
(b) Address 1600 W. North Ave

19 (a) [illegible] 1948 (Date received by registrar) [illegible]

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to July 20 1948, and that I last saw her alive on July 18 1948.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1726 w Lombard St Date signed 7/29/48

65187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1948

Registered No. 65187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3324 Brighton St
(c) Hospital or institution: D.O.H. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3324 Brighton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary H. Rowley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph A.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 13, 1895

8. AGE: Years	Months	Days	If less than one day
53	3	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Michael J. Herlihy
13. Birthplace Del.

MOTHER
14. Maiden Name Hobbs
15. Birthplace Ohio.

16 (a) Informant Joseph A. Rowley
(b) Address 3324 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) JUL 21 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 15f

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1948, at 2 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. LUBINSKI C. P. Lubinski M.D.
Medical Examiner.
Date signed 7/19/48

X

G65188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G65188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.O.A.
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian Bosics (BOSIES)

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-05-6331

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of ~~husband or~~ wife HUERTHA (CUTCHER)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 1, 1899

8. AGE: Years	Months	Days	If less than one day
48 3MT	11	17	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation ORDER CLERK
11. Industry or business A+P. Tea Co

FATHER
12. Name — BOSICS
13. Birthplace GERMANY

MOTHER
14. Maiden Name —
15. Birthplace GERMANY

16 (a) Informant MRS CHRISTIAN BOSICS
(b) Address CENTRAL AVE - CATONSVILLE MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22 '48 (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location EDMONDSON AVE - LONGWOOD ST

18 (a) Funeral director Mary H Wittstadt
(b) Address 4101 Edmondson Ave

19 (a) JUL 21 1948 (b) Registrar Washington Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1948 at 2 3/4 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
1 Coronary Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 7/18/48

VS 181

G65189
JL - 121365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/24a

G65189
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 20-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Lehman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Cathers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late Wm J Cathers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1872

8. AGE: Years 75 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Lemmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Brede
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (b) Date thereof JULY 22 '48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE
18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave
19 (a) (b)
Date received by registrar Registrar

L 21 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 5AM M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18, 1948 to July 19 1948, and that I last saw her alive on July 19 1948.

Immediate cause of death	Duration
Ruptured esophageal varices	
Due to Laennec's cirrhosis	
Due to	
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William H. Vinken Jr.
Address Balto City Hosp Date signed July 19 M. D. 1948

X

G65190

G65190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St. 24
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Woodall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ludwig F. Heppding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 | 3 | 02

8. AGE: Years 45 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Fairfield Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Fred Heppding

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth

15. Birthplace Germany

16 (a) Informant Mrs. C. Schreiber

(b) Address 1456 Stevenson St

17. (a) Burial (b) Date thereof 7/21/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Annapolis Blvd.

18 (a) Funeral director Chas. J. Dilg

(b) Address 1571 E. Fort Ave

19 (a): Hunting for Williams, Mgr.
(Date received by registrar)

JUL 21 1948

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/48 19 , at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1948 to 7/18 1948 and that I last saw him alive on 7/18/48 19

Immediate cause of death CARDIAC DECOMPENSATION — Duration

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel P. Scalia

Address Date signed 7/20/48

Physicians: please write the causes of death clearly and legibly. Use only accepted medical terminology. Indefinite or unsatisfactory statements will be returned for correction.

G65191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Twilight Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 E. Hoffman Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Mary Chlan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Anton J. Chlan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1865

8. AGE: Years	Months	Days	If less than one day
82	11	28	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Charles Lippa
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name unknown
15 Birthplace "

16 (a) Informant Mr. Emil Chlan - son
(b) Address 2531 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) JUL 23 1948 (Date received by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 July 1948, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 May 1948 to 19 July 1948, and that I last saw her alive on 17 July 1948.

Immediate cause of death [illegible] | Duration 8 days.
Due to Arteriosclerosis, Hypertension
Due to
Other Conditions Decubitus ulcers DECUBITUS ULCERS
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard F. Goodman
Address 1513 N. Milton Ave Date signed 20 July 48 M

G65192 48-14057 BALTIMORE CITY HEALTH DEPARTMENT G65192

CERTIFICATE OF DEATH ✓12

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Brown ST.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Phyllis MACK: ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10th, 1948

8. AGE: Years | Months | Days 8 | If less than one day hr. min

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Leonard MACK
13. Birthplace Charlotte Co. Virginia

MOTHER
14. Maiden Name Thelma Thomas
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Record.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 21 (month) (day) (year)
(c) Cemetery or crematory McCalvary.
Location

18 (a) Funeral director A. Halstead
(b) Address 718 E. Lanvale St.

19 (a) [redacted] (b) Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1948 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1948 to 7-18 1948 and that I last saw h[illegible] alive on 7-18 1948.

Immediate cause of death: TETANUS NEONATORUM — Duration: 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: hepatosplenomegaly, Pul Cong.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell M. D.
Address 718 Dolphin St. Date signed 7-23-48

VS 150

X

Please write the causes of death clearly and legibly. Typewriter supplied. Physicians: please write

G65193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G65193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Danville (If outside city or town limits, write RURAL and give town)
(d) Street No. Forest Hills (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Benjamin Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1-2-47

8. AGE: Years | Months: 7 | Days | If less than one day hr. min.

9. Birthplace NC (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Snowden Hall
13. Birthplace Va

MOTHER 14. Maiden Name Ida Hardman
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-48 (month) (day) (year)
(c) Cemetery or crematory DANVILLE
Location DANVILLE VA.

18 (a) Funeral director John O Mitchell & Son
(b) Address 1400 Eutaw Pl.

19 (a) (Date received by registrar) (b)

JUL 21 1948 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 11 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12-1948, to 7-21-1948, and that I last saw h[illegible] alive on 7-21-1948

Immediate cause of death: Glioma of Optic Chiasma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-21-48

Major findings of operation: Glioma of Optic Chiasm

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lee J Borger M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-21-48

Please write the causes of death clearly and legibly. Physicians: please write in ink. Typewriter preferred. This copy is for registration only. Not for duplication.

G65194

BALTIMORE CITY HEALTH DEPARTMENT

G65194 CERTIFICATE OF DEATH 83a Registered No. G65194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Bolton ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Bolton Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Roszel McGill

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race White | 6 (a) ~~Single, married, widowed,~~ or divorced.

6 (b) Name of husband or wife John McGill
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 7/1/1884

8. AGE: Years 64 | Months | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Fauquier County - Virginia (Town, county, and state)

10. Usual Occupation Dietitian

11. Industry or business

FATHER
12. Name Geo A. Raszel
13. Birthplace FREDERICK, MARYLAND

MOTHER
14. Maiden Name Sara J. DeButts
15. Birthplace FAUQUIER COUNTY - Va.

16 (a) Informant Comdr E A Puckner USN
(b) Address 1318 Bolton St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 22/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Episcopal
Location Middleburg Va.

18 (a) Funeral director Henry W. Gentens & Sons Co
(b) Address McCulloh & Richard Sts

JUL 21 1948 (Date rec'd by registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948, at 9 P M

21. I certify that death occurred on the date above-stated; that I attended deceased from 3/2/48 19 to 7/20/48, and that I last saw h[illegible] alive on 7/20/48

Immediate cause of death Cerebral Vascular Accident — Duration 2 hours

Due to Cerebral Hypertension — Duration 2 yrs.

Due to — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances W Kluck M. D.
Address 3406 St Paul St Date signed 7/21/48

VS 155

G65195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 N. Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 N. Stockton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Applin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1878

8. AGE: Years 70 | Months 10 | Days | If less than 1 day hr. min.

9. Birthplace Jackson Ga
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Jordan Applin
13. Birthplace Ga.

MOTHER
14. Maiden Name Rosa Applin
15. Birthplace Ga.

16 (a) Informant Ida Applin
(b) Address 2426 N. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1948 (month, day, year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. Britt A. Elliott Dec.
(b) Address 1629 N. Carlton St.

19 (a) JUL 22 1948 (Date rec'd by registrar) Huntington Williams Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 5:15 PM

21. I certify that I took charge of the remains described above, held an Inquest Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Ryan M.D.
Medical Examiner
Date signed July 20, 1948

VS 151

G65196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 142 B

G65196 Registered No.

Write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street Box 378 - N Saint Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ M.

6 (b) Name of husband or wife John

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 3-4-13

8. AGE: Years 35 | Months — | Days — | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Burmeard
13. Birthplace Md.

MOTHER 14. Maiden name Georgiana Warner
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location A A County Md

18 (a) Funeral director Mrs Robt. J. Elliott & Dgt
(b) Address 1297 N. Carlisle St

19 JUL 22 1948 (Date rec'd by registrar) Huntington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 48 ; at 3:50 P

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 48 to 7-20 1948
and that I last saw her alive on 7-20 1948

Immediate cause of death aspiration of vomitus — Duration 3 days

Due to intestinal obstruction secondary to volvulus

Due to adhesions

Other Conditions hysterectomy ectopic (Include pregnancy within 3 months of death)

Date of operation 7/15/48

Major findings of operation: adhesions ectopic pregnancy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted] M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/20/48

V S 150

65197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 65197

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave.
(c) Hospital or institution:
Pine Ridge Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5311 Carter Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY KAISS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frederick Kaiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29th, 1866

8. AGE: Years	Months	Days	If less than one day
81	7	22	hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Jacob Sommer
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Schmidt
15. Birthplace Germany

16 (a) Informant Mr. Frederick Kaiss
(b) Address 5311 Carter Ave.

17 (a) burial (b) Date thereof 7/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address [redacted] Belair Rd.

19 (a) [redacted] (b) Huntington [redacted]
(Date rec'd by registrar) (Registrar)

VS JUL 22 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st., 1948, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1947 to July 21 1948 and that I last saw her alive on July 20 1948

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs
Due to generalized arteriosclerosis	
Due to senility	
Other Conditions Cardiac asthma	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harlold M.D.
Address 4706 Harford Road signed 7/21/48

X

Please write the causes of death clearly and legibly. Physicians: please write in ink. Any supplementary report must be made on this form.

665198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 S. Kenwood Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura V. Hubbard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Henry W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1878

8. AGE: Years 70 | Months - | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry R. Wilson
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Henry W. Hubbard
(b) Address 1023 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director John J. Duda
(b) Address 2069 Hilson St

19 (Date rec'd by local registrar) JUL 22 1948 Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1948 to 7/21/1948 and that I last saw h[illegible] alive on 7/20/1948

Immediate cause of death: Hypertensive Cardio Vascular disease 5 — Duration 6 Mo.

Due to: Chronic Myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Hubert F. Armstrong M. D.

Address 1016 S. Ewen Ave Date signed 7/22/48

Hubert F. Armstrong

G65199 JL - 121102 BALTIMORE CITY HEALTH DEPARTMENT G65199

48-14212 CERTIFICATE OF DEATH 159 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals 17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 518 Hoffman St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cole, Baby Boy "A" - Janie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1948

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Wallace Cole

13. Birthplace Md.

MOTHER

14. Maiden Name Janie Mason

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-21-48 9am (month) (day) (year)

(c) Cemetery or crematory B. C. H. Crematory

Location 4940 Eastern Ave.

18 (a) Funeral director

(b) Address Flemington for Williamsville, Md.

19 JUL 22 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 5am M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948 to July 10 1948, and that I last saw him alive on July 10 1948.

Immediate cause of death	Duration
Hemorrhage	1 da
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. P. Kerr M. D.

Address Baltimore City Hospitals Date signed 7-21-48

VS 159

G65200

BALTIMORE CITY HEALTH DEPARTMENT

JL 7-121103-74213 CERTIFICATE OF DEATH 159

G65200 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 518 Hoffman St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Cole, Baby Boy "B" - Janie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife July 9, 1948

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 9, 1948

8. **AGE:** Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Wallace

13. Birthplace Md.

MOTHER

14. Maiden Name Janie Mason

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-21-48 9am (month) (day) (year)

(c) Cemetery or crematory B. C. H. Crematory

Location 4940 Eastern Ave.

18 (a) Funeral director

(b) Address

19 (a) JUL 22 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH July 9 1948, at 2PM M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948 to July 9 1948. and that I last saw h im alive on July 9 1948

Immediate cause of death: Prematurity — Duration 7 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. P. Kerr M.D.

Address Baltimore City Hosp. Date signed 7-21-48

VS 153

G65202 1/2 13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55E

Registered No. G65201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Turners Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Main St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Russell
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1-11-1913

8. AGE: Years	Months	Days	If less than one day
35	6	10	..... hr. ..... min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ezziah Patterson
13. Birthplace Alabama

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Alabama

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 22-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Baltimore Md

18 (a) Funeral director Chas O. Wilson
(b) Address 1010 Bloomsbury Ave

19 (a) JUL 22 1948 (b) Huntington Williams, M.D.
(Date rec'd by Reg. Dist.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1948, at 1.40 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1948 to 7-21 1948, and that I last saw her alive on 7-21- 1948.

Immediate cause of death CARCINOMA Pelvis 3 (Site) with Metastases to Abdominal Viscera & Thorax — Duration ? 5 mos

Due to

Due to

Other Conditions Peri Rectal Abscess Right ? Pelvic Abscess. left, Recurrent
(Include pregnancy within 3 months of death)

Date of operation 7-15-48

Major findings of operation Papillary Serous Cystadenoma Ovary Bilateral

of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Rivers Hanson M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-21-48

V S 150

665202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 665202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-91

8. AGE: Years 57 | Months 5 | Days 10 | If less than one day —hr. —min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Grant Coleman

13. Birthplace S.C.

MOTHER 14. Maiden Name Ethel ?

15. Birthplace S.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-48 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md

18 (a) Funeral director Chas. O. Wilson
(b) Address 1010 E. Baltimore

19 (a) JUL 22 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-48 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1948, to 7-20 1948 and that I last saw h[illegible] alive on 7-20 1948.

Immediate cause of death CARCINOMA OF CERVICAL Stump, Metastases to Abdominal ORGANS — Duration 7 mos

Due to

Due to

Other Conditions Hydroureter, Hydronephrosis, Bilateral — ?
(Include pregnancy within 3 months of death)

Date of operation 5/25/48

Major findings of operation Intestinal Obstruction, Rectum, Post Irrad.

of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rivers Hanson, M.D. M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

V S 150

G65203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 647 W. Fayette St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John S. Morningstar

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	212-14-5590

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 7, 1907

8. AGE: Years	Months	Days	If less than one day
41	5	14 13	hr. min.

9. Birthplace Guilford, Howard Co., Maryland (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business General contractor (Self)

FATHER
12. Name Samuel Morniggstar
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Garrison
15. Birthplace Maryland

16 (a) Informant Mrs. H. Dasch
(b) Address 607 Debaugh Ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1948 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cemetery
Location Towson, Maryland

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Maryland

19 (a) JUL 22 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948 to July 22 1948, and that I last saw him alive on July 22 1948.

Immediate cause of death	Duration
Resp. & cardiac failure	
Due to pulmonary edema	
Due to cardiac failure & hypertension, arteriosclerosis	
Other Conditions right pneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John White M. D.
Address University Hosp. Date signed 7-24

VS 150

95c

65204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93J

Registered No. 665204 3648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628 Lanvale St
(c) Hospital or institution: 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widowed

6 (b) Name of husband or wife Samuel Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1884

8. AGE: Years	Months	Days	If less than one day
64	2	8	hr. min.

9. Birthplace Annandale Co. Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Own home

FATHER
12. Name Wm. Johnson
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Miss Fannie Evans
(b) Address 1628 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) JUL 22 1948 (Filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20- 1948, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1942 to 7-20- 1948 and that I last saw her alive on 7-19-1948.

Immediate cause of death Myocarditis — Duration unknown

Due to

Due to

Other Conditions arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M.D.
Address 1029 N. Stricker Date signed 7-22-48

VS 150

G65205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Indiana Avenue (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Claude W. Sacker

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Sacker
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 20, 1891

8. AGE: Years	Months	Days	If less than one day
57	1	1	..... hr. ..... min.

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business B. & A. R.R.

FATHER
12. Name William Sacker
13. Birthplace England

MOTHER
14. Maiden Name Constance Clarke
15. Birthplace England

16 (a) Informant Mrs. Josephine Sacker
(b) Address 2825 Indiana Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore

18 (a) Funeral director George A. Fahey
(b) Address Fulton Ave. Frederick
Huntington Williams, M.D.

19 (a) [illegible] (registrar) (b) ..... Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/48 19..... at 8:35 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature George A. Merrill M.D.
Medical Examiner.
Date signed 7/24/48

G65206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 N. Lexington St.
(c) Hospital or institution: Home of Our Lady 20+1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N. Fayette St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leopold Riehl

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary Schmoker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1876

8. AGE: Years	Months	Days	If less than one day
71	8	21	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mrs. C. A. Smith
(b) Address 1818 W. Fayette St

17 (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address 3 East Saratoga & Fayette Sts

19 JUL 22 1948 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948; at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1948 to July 20 1948 and that I last saw h-- alive on July 20 1948

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 days
Due to Cardio-Vascular disease	7
Due to	1
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St Date signed July 24 1948

VS 159

G65207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V G65207
Registered No. 54 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1372 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Martha Cannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Forrest

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 1-20-20

8. AGE: Years 28 | Months 5 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business -

FATHER
12. Name James E. Thomas
13. Birthplace Va

MOTHER
14. Maiden Name Mary
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1948 (month) (day) (year)
(c) Cemetery or crematory Forest Hill Cem.
Location Lynchburg, Va

18 (a) Funeral director Rev. Lough & A. Hall Lough
(b) Address 1601 Druid Hill Ave.

19 (a) JUL 22 1948 (Date rec'd by registrar) Tomlinson for Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9- 1948 to 7-19- 1948.
and that I last saw her alive on 7-19- 1948.

Immediate cause of death	Duration
Brain Tumor	?
Due to —	over
Due to —	
Other Conditions Pulmonary Infarction	about 2 wks.

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: At above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Bertram E. Sprague M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/19/48

G65208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65208

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3458 Kennick Rd.
(c) Hospital or institution:
13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3458 Kennick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Adelsberger.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Clarence Adelsberger

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb 24 1874

8. AGE: Years 74 | Months 4 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15 Birthplace ?

16 (a) Informant Mrs Josephine Hasson.
(b) Address 3458 Kennick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet.
Location Frederick Ave

18 (a) Funeral director Paul E. Chenoweth Jr.
(b) Address 3615-17 Chestnut Ave.

19 (a) JUL 22 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 20 1948; that I last saw h[illegible] alive on July 20 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	12a
Due to (a) Arteriosclerotic CVD	7
(b) Hypertension M	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence J. Linamen M.D.

Address 3716 Tally Date signed 7-20-48 M. D.

VS 150

X

G65209 ✓ G65209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write legibly. Typewriter preferred.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Madison Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 17, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Madison Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Alice Paulson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Elizabeth Williams
(b) Address 1317 Madison Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Sivley
(b) Address 66 West Lane Ave

19 (a) [illegible] (Signature of registrar) (b) Tennington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1948, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1948 to 7/19 1948, and that I last saw her alive on 7/15 1948

Immediate cause of death	Duration
Cachexia	
Chronic Diabetes	2 yrs
Due to Cardio Renal	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 622 N. Arlington Ave. Date signed 7/19/48

VS 150

G65210 ✓ G65210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7/14/48
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E. Sparrow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Mulatto	Married

6 (b) Name of husband or wife Joseph A. Sparrow
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 4, 1876

8. AGE: Years	Months	Days	If less than one day
72	4	16	hr. min.

9. Birthplace Northumberland Co Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name James Debra
13. Birthplace Va.
MOTHER 14. Maiden Name Elizabeth (?)
15. Birthplace Va.
16 (a) Informant Joseph A. Sparrow
(b) Address 2823 Clifton Ave - Balto 16, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Fri. July 23 1948 (month, day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location Balto, Md
18 (a) Funeral director A. Howard Evans
(b) Address 400 St. Paul St Balto 2, Md
19 (a) (b)
(Date rec'd by Registrar) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1948, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1948 to 7/20 1948
and that I last saw her alive on 7/20 1948.

Immediate cause of death	Duration
BENIGN NEOPLASM SCLEROSIS UREMIA	
Due to ARTERIA SCLEROTIC NEPHRITIS DISEASE	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John N. Shaw M. D.
Address St Agnes Hosp. Date signed 7/20/48

VS 153

G65211

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 467

G65211
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Parkmont Ave.
(c) Hospital or institution: Leverton Nursing Home 2312
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ——
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1460 Patapsco St
(If rural give location)
(e) Citizen of foreign country? ——(Yes or No)
If yes, name country ——

3 (a) FULL NAME William H. Eckhardt (ECKHARDT)

3 (b) If veteran, name war ——
3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Florence V. Eckhardt (Nee Jordan)
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) January 3, 1869

8. AGE: Years	Months	Days	If less than one day
79	5	28	—— hr. —— min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business ——

FATHER
12. Name ? ?
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name ? ?
15. Birthplace Balto., Md.

16 (a) Informant William E. Eckhardt
(b) Address 1460 Patapsco St. (Son)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat., July 26 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1406 E. Chase St Balto 39 Md

19 (a) 7-27-48 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Wed., July 21, 1948, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 21 1948.
and that I last saw him alive on 7/21/48 1948.

Immediate cause of death	Duration
Carcinoma of Rectum	2 yrs ?
Due to Arteriosclerotic Heart Dis	20 yrs
Due to Cardiac Failure	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ——
Major findings of operation: ——
of autopsy: ——

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ——
(b) Date of occurrence —— at —— M
(c) Where did injury occur? —— (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —— (Specify type of place) While at work? ——
(e) Means of injury ——
23. Signature H. M. Meriwether M. D.
Address 1403 S. Charles St Date signed 7/21/48

VS 150

665212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 665212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W Mulberry St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ROSARIO M D'ANNA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Vincent D'Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1896

8. AGE: Years	Months	Days	If less than one day
51 52	7	12	hr. min.

9. Birthplace Balto - Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Angelo Glorioso
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Geppi
15. Birthplace Italy

16 (a) Informant Husband
(b) Address (above)

17 (a) Burial (b) Date thereof 7/23/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Frank Pella Sons
(b) Address 513 Stanford Rd

19 (a) JUL 22 1948 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-1948 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30-1948 to 7-20-1948 and that I last saw her alive on 7-20-1948

Immediate cause of death	Duration
Cardiorespiratory failure	
Uremia	
Due to Hypertensive cardio-renal disease	18 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Lilia M. D.
Address Mercy Hospital Date signed 7-21-48

VS 150

G65213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G65213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 E. 20TH ST.
(c) Hospital or institution: 9-

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 E. 20TH ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET HOGAN-

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	W-	WIDOWED

6 (b) Name of husband or wife W.M. HOGAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace BALTO. MD (Town, county, and state)

10. Usual Occupation AT-HOME

11. Industry or business

MOTHER FATHER

12. Name ALBERT MILLER

13. Birthplace GERMANY

14. Maiden Name THERESA HELFRICH

15. Birthplace BALTO

16 (a) Informant MISS MARGARET HOGAN

(b) Address 517 E. 20TH ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-48 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL

Location

18 (a) Funeral director WIEDEFELD & SON

(b) Address GREENMOUNT AVE & 22ND

22 1948

(Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 1948, and that I last saw him alive on July 16 1948.

Immediate cause of death	Duration
Cachexia	2 mos
Due to Senile psychosis	4 mos
Due to Generalized arterio-sclerosis	2 yrs
Other Conditions Multiple decubitus ulcers	Years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature Frederick J. Wallmer M. D.

Address 6100 York Rd. Date signed July 29 48

VS 150

Elkins W. Va.
F. E. Ramm 665214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

665214
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. Lee St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David L. Fawley

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Fawley
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) 7-23-1870

8. AGE: Years	Months	Days	If less than one day
77 78	11	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Joseph Fawley
13. Birthplace Virginia

MOTHER
14. Maiden Name Amander Biller
15. Birthplace Virginia

16 (a) Informant Mrs. Ada Mitchell
(b) Address 1239 Hanbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion Cemetery
Location Tuckerton, W. Va.

18 (a) Funeral director Elizabeth Earle Inc.
(b) Address 115 E. West St.

19 (a) 22 1948 (Date rec'd by registrar) Huntington, W. Va. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 July 1948, at 7:25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at: home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammerer M.D. (Medical Examiner.)
Date signed 22 July 1948

VS 151

G65215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G65215
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Guilford Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C Carlin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 21 1884
8. AGE: Years 64 | Months 32 | Days 29 | If less than one day ... hr. ... min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Frank Carlin
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Deane
15 Birthplace Balto Md

16 (a) Informant Frank Le Grand Carlin
(b) Address 2702 Guilford ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md
18 (a) Funeral director Henry W Tenpenny & Sons
(b) Address 4905 York Road
JUL 22 1948 (Date rec'd by registrar) (b) Huntington [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948 at 9 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to July 1948
and that I last saw h wife alive on July 20 1948

Immediate cause of death	Duration
Coronary Thrombosis	5 Mins
Due to arteriosclerosis	1 year
Due to age	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Egbert K. Mortimer Jr M. D.
Address 2706 St Paul St Date signed 7/22/48

X

C65216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943E

Registration No. C65216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Park Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby L. Woodson → "Woodson"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife George L.

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Dec 3- 1906

8. AGE: Years 41 | Months 7 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business Hospitals

FATHER
12. Name George Bionta Turner
13. Birthplace Spartanburg S. C.

MOTHER
14. Maiden Name Mary Moses
15. Birthplace Spartanburg S C

16 (a) Informant George L. Woodson
(b) Address 1526 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)
(c) Cemetery or ~~cemetery~~
Location Charlotte, N. C.

18 (a) Funeral director F. B. Wyckert & Son
(b) Address 1700 Eutaw Pl. Baltimore, Md.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948 7:25 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: ~~natural causes~~ ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute congestive cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/22/48

VS 151

65217 JL - 121190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30D

Registered No. 65217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Knight

3 (b) If veteran, name war

3 (c) Social Security Account No. 459-07-3315

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ or wife Sally
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1880

8. AGE: Years	Months	Days	If less than one day
67	11	1	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Painter

FATHER
12. Name John Knight
13. Birthplace ? Texas

MOTHER
14. Maiden Name Kate V.
15. Birthplace Alabama

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1317 St. Paul St.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948, at 7.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1948, to July 21 1948, and that I last saw him alive on July 21 1948.

Immediate cause of death	Duration
Respiratory failure + hemorrhage from duodenal ulcer.	?
Due to FAR ADVANCED BILAT. PULM. TUBERCULOSIS C cavitation.	5 a 6 yrs (?)
Due to Hemorrhage from duodenal ulcer.	?
Other Conditions Arteriosclerosis + dissecting aneurysm of aorta in abdom (Include pregnancy within 3 months of death)	?
Date of operation	
Major findings of operation:	
of autopsy: Gastro Intestinal hemorrhage	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Hayes Burton M. D.
Address 4940 Eastern Ave. Date signed 7/22/48

VS 150

13B

G65218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. G65218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1642 E. Eager Street
(c) Hospital or institution:

7-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 E. Eager Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Beasley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/10/48

8. AGE: Years | Months | Days | If less than one day: hr. (?) 5 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month). (day). (year)
(c) Cemetery or crematory
Location University Medical School JUL 16 1948 Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 23 1948 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1948, at 7 45 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐; accident ☐; suicide ☐; homicide ☐; undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Strangulation
Asphyxiation, manner undetermined

Due to over

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/10/48 approx. 4 30 P. M.
(b) Where did injury occur? 1642 E. Eager Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Strangulation by rope in toilet bowl

23. Signature Emil Rogen M.D. Medical Examiner.
Date signed 17 July 48

65219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65219

State Anatomical 30

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Bradford St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-8-98

8. AGE: Years 49 | Months 9 | Days - | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Glass washer

11. Industry or business

FATHER 12. Name Joseph Edwards
13. Birthplace Va

MOTHER 14. Maiden Name Sarah Musgrove
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 15 1948

18 (a) Funeral director Commissioner of Health
(b) Address JUL 23 1948

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 30A

20. DATE OF DEATH July 8 1948 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1948 to 7/8 1948 and that I last saw him alive on 7/8 1948

Immediate cause of death Generalized arteriosclerosis & ASCVD. Syphilitic aortitis ? Myocardial — Duration

Due to infection - acute

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy ASCVD. Syphilitic aortitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. D. Jackson

Address JOHNS HOPKINS HOSPITAL Date signed 7/11/48

V S 150

5220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 665220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) ~~Hospital~~ or institution: Provident Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County.....
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Albert BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
33			.....hr. .....min.

9. Birthplace.....
(City, county, and state)
10. Usual Occupation.....
11. Industry or business.....

FATHER
12. Name.....
13. Birthplace.....

MOTHER
14. Maiden Name.....
15. Birthplace.....

16 (a) Informant.....
(b) Address.....

17 (a).....(b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location University Medical School JUL 16 1948

18 (a) Funeral director.....
(b) Address.....

19 (a) JUL 23 1948 (b) [signature] Registrar

VS 191

MEDICAL CERTIFICATION 40

20. DATE OF DEATH June 23, 1948, at 5 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH.....
Pulmonary Tuberculosis
.....
Due to.....
.....
Other Conditions.....
.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 6/24/48

665221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1628

Registered No. G665221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution:
27 North Carey
Good Samaritan Home 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sours

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1880

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation painter

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL 16 1948

18 (a) Funeral director

(b) Address Commissioner of Health

19 (a) JUL 23 1948 (Date received by registrar) (b)

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1948, to July 9 1948, and that I last saw h[illegible] alive on July 9 1948.

Immediate cause of death Senility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Helen Depenia

Address 27 N. Carey Date signed 7/9/48

665222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 1948

Registered No. G665222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 24
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford.
(c) City or town Pylesville.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Manahan Jr.

3 (b) If veteran, name war: infant
3 (c) Social Security Account No. infant.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown.

8. AGE: Years | Months: 2. | Days | If less than one day ....hr. ....min.

9. Birthplace: Maryland. (Town, county, and state)
10. Usual Occupation: infant
11. Industry or business

FATHER
12. Name: Earl - last name unknown.
13. Birthplace: unknown.

MOTHER
14. Maiden Name: Laura Manahan
15. Birthplace: unknown

16 (a) Informant: Laura Manahan
(b) Address: Pylesville Harford Co. Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: University Medical School JUL 13 1948

18 (a) Funeral director: Commissioner of Health
(b) Address

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Huntington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to July 8 1948 and that I last saw him alive on July 7 1948

Immediate cause of death: respiratory failure following aspiration of vomitus — Duration
Due to: convulsive stricture
Due to: micrognathia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: July 2 1948
Major findings of operation: tracheotomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Patterson Black
Address: University Hospital Date signed: July 12 1948 M.D.

VS 199

G65223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G65223 Registered No. 13B

GM 121281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Hamburg ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Moses Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Oralee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April-16 1910

8. AGE: Years 38 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Moses Hicks
13. Birthplace S.C.

MOTHER
14. Maiden Name Anna Ferguson
15. Birthplace S.C.

16 (a) Informant Records Balto. City Hsopitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 (month) (day) (year)
(c) Cemetery or crematory Lumm Sorrelle
Location S.C.

18 (a) Funeral director James A Hayes
(b) Address 142 Upfield St Huntington Williams, Mass

19 (a) [redacted] 23 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 21 - 19 48 at 1045 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 15- 1948 to 7- 21 1948. and that I last saw him alive on 7- 21 - 1948.

Immediate cause of death: Tuberculosis, ? miliary probable, never proven — Duration: 6 wks ?

Due to:

Due to:

Other Conditions: azotemia, terminal

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David H. Macnie M. D.
Address 4940 Eastern Ave Date signed 7-22-48

X

G65224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G65224 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Ave
(c) Hospital or institution: Snyder Nursing Home 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 2411 Presbury St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Siegel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hyman Siegel
(b) Address 2411 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 2106 Eutaw Place

19 (a) JUL 23 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1948, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1944 to July 22 1948 and that I last saw her alive on July 20 1948

Immediate cause of death	Duration
Due to Anaemia Post Op	4 yrs
Due to Four years after total gastrectomy for	
Other Conditions Carcinoma Cardia of Stomach	

(Include pregnancy within 3 months of death)

Date of operation July 6, 1944

Major findings of operation: Carcinoma Cardiac end of Stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Clarence Ottey M.D.

Address 331 N. Charles St Date signed 7/22/48

G65225

Envelope # 12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1183

Registered No. G65225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Morgue 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a). Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
[redacted]-50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUL 20 1948

18 (a) Funeral director Commissioner of Burials
(b) Address

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Found: 7/12/48 at Found - 655A 4/1 M.
(b) Where did injury occur? Found - Pier #3 Dock Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Found Drowned

23. Signature [signature] M.D.
Medical Examiner.
Date signed

X

G65226 BC-620052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G65226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4615 Kenwick Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marian Sharon Meara

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Child

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1945

8. AGE: Years	Months	Days	If less than one day
(3) 3½	←	16 17	######### min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Child (None)
11. Industry or business

FATHER
12. Name Robert A. Meara
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Frances M. Rusk
15 Birthplace Baltimore, Md.

16 (a) Informant Robert A. Meara
(b) Address 4615 Kenwick Rd, Balt Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue, Balto:Co.Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 JUL 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22 1948, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1948 to 7-23 1948, and that I last saw him alive on 7-22 1948.

Immediate cause of death	Duration
Acute Perforated Appendicitis	3a hours
Due to Respiratory Failure	5 min.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7-22-48
Major findings of operation: Acute Perforated Appendicitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Hoteter Bailey M. D.
Address Mercy Hospital Date signed 7-23-48

VS 150

G65227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

Registered No. G65227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 South Ann Street
(c) Hospital or institution:
Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 31
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 South Ann Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Cybulski Or Cebulski

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-6388

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Maryanna
6 (c) If alive, give age Deceased

7. Birth date of deceased (mo., day, yr.) Sept 25th 1865

8. AGE: Years	Months	Days	If less than one day
82	9	26	....hr. ....min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B.& O. Railroad

FATHER
12. Name Unknown ?
13. Birthplace Unknown ?

MOTHER
14. Maiden Name Unknown ?
15. Birthplace Unknown?

16 (a) Informant Mrs. Theresa Stachowski
(b) Address 329 South Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7*24-48 (month) (day) (year)
(c) Cemetery ~~Loudon Park~~ St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 (a) Filed July 27 1948 (b) Burlington Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1948 at 12 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 21st 1948 and that I last saw ~~him~~ alive on July 21st 1948

Immediate cause of death — Duration
(a) Pneumo cholecystitis — 1 wk
(b) Pneumo hydrothorax — 2 days
Due to Arteriosclerosis & senile changes.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at ....M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo A. Lipps M. D.
Address 1315 Eutaw Pl Apt Date signed 8/2/48

VS 8

G65228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

G65228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green st
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31 (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 South Chester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Rose Latkowski — (Smith)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5421

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27th 1896

8. AGE: Years	Months	Days	If less than one day
51	10	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business B.V.D.Corp

FATHER
12. Name Michael Latkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Susanna ?
15. Birthplace Poland

16 (a) Informant Mrs. Agnes Novak
(b) Address 600 South Port Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or ~~Greenmount~~ St. Stanislaus
Location Baltimore Md.

18 (a) Funeral director Teage A. Weber
(b) Address 705 South Ann Street Huntingtown Williamsport, Md.

19 JUL 23 1948 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1948 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1948 to July 21 1948, and that I last saw h alive on July 19 1948

Immediate cause of death	Duration
Uremia Obstruction of Ureter	1½ hrs
Due to Hypertension in Kidney	about 2 years
Due to Adenocarcinoma	
Due to	

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alan G. S. Mann M. D.
Address 716 Cathedral St., Date signed 7.22.48

VS 8

X

G65229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. G65229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave & Dukeland St
(c) Hospital or institution:
West Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Lapidum
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Jesse a Price

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26-1870

8. AGE: Years	Months	Days	If less than one day
78	5	25	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Jesse Price
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Sarah J Kelly
15. Birthplace Harford Co Md

16 (a) Informant Mrs Clarice P. Woods
(b) Address Lapidum Har. Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-48 (month) (day) (year)
(c) Cemetery or crematory Rock Run Cem
Location Harford Co Md

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Tuttington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1948, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1948 to 7-21 1948, and that I last saw him alive on 7-21 1948

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Post operative to	
Due to retro-pubic prostatectomy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7-21-48
Major findings of operation: Prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature U W Birdsman M.D.
Address WBGH Date signed 7-21-48

X

G65230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

G65230 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse P. Dawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Widowed.

6 (b) Name of husband or wife Barbara Heck Dawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21-1869

8. AGE: Years	Months	Days	If less than one day
78	9	29	hr. min.

9. Birthplace West Chester Co. N. Y. (Town, county, and state)
10. Usual Occupation Paperhanger (Ret.)
11. Industry or business

FATHER
12. Name Geo. T. Dawson
13. Birthplace England

MOTHER
14. Maiden Name Eliza Potter
15. Birthplace England

16 (a) Informant Rev. Jesse P. Dawson
(b) Address Prince Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director Geo. T. Beyer Jr
(b) Address 1512 Hollins St

19 (a) JUL 23 1948 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1948 at 5 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1948 to 7/20 1948 and that I last saw h— alive on 7/20 19

Immediate cause of death	Duration
Post Op Pneumonia	
Due to Strangulated Femoral Hernia	
Due to Left	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/12/48
Major findings of operation: Strangulated Femoral Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. C. Cranono M. D.
Address Md. Gen'l Hosp. Date signed 7/20

VS 150

G65231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G65231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: WEST BALTIMORE GENERAL HOSPITAL. 20-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Franklintown Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: ESTHER HEINEMAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Alfred Heineman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1880

8. AGE: Years	Months	Days	If less than one day
68	5	10	hr. min.

9. Birthplace Charlottesville, Va. (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name S. Jacobi.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Lena ?
15. Birthplace Unknown.

16 (a) Informant Mrs. Selma Kreh.
(b) Address 306 Franklintown Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/48. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Edward Sonneborn & Son
(b) Address 1002 Eutaw Place.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948 to July 22 1948, and that I last saw her alive on July 21 1948.

Immediate cause of death Cardiac Insufficiency — Duration 19 days.
Sudden
Due to Congestive Heart Failure
Due to Coronary Arteria - Sclerotic Ht. Disease
Other Conditions Diabetes Mellitus.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert C Herrmann M. D.
Address WB Gen. Hosp. Date signed 7-22-48

VS 150

937

G65232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. G65232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Penna St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant: Annie Mitchel
(b) Address 2009 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balt Md

18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna ave

19 JUL 23 1948 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948, at 12:10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lobar pneumonia
Cirrhosis of liver
Due to

Other Conditions Kyphoscoliosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D. (Medical Examiner)
Date signed 7-15-48

VS 151

G65233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓131a

Registered No. G65233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Denver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Denver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	

6 (b) Name of husband or wife Louisa Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1882

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name William Gross
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rhodes
15. Birthplace Maryland

16 (a) Informant Louisa Gross
(b) Address 921 Denver St

17 (a) Burial (b) Date thereof 7/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director 916 Penna ave
(b) Address Wm A Jackson

19 (a) JUL 23 1948 (b) Contractor Williamsport
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1948 to July 21 1948, and that I last saw him alive on July 20 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Hemorrhage	
Due to Hypertensive Cardio-vascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Shorofsky M.D.
Address 601 N. Monroe St. Date signed 7/22/48 M. D.
MONROE

VS 130

G65234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH J48a

Registered No. G65234

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 S. Mount Vella Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myrtle E. Ferri

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nicholas W

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 12-30-1902

8. AGE: Years 45 | Months 6 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Philip Fairall

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Linn Johnson

MOTHER 15 Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Balto

18 (a) Funeral director L. J. Ruck

(b) Address 5305 Belford Rd.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Kenneth F. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948 at 1 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1948 to 7-21- 1948 and that I last saw h[illegible] alive on 7-21- 1948

Immediate cause of death CARCINOMA CERVIX, EPIDERMOID, RECURRENT — Duration

(a) Abdominal Metastasis, 18 mos

Due to

Due to

Other Conditions Hydronephrosis & Hydroureter, Bilateral; Uterovaginal Fistula

(Include pregnancy within 3 months of death)

Date of operation 6/18/48

Major findings of operation Uterovaginal Fistula, Post Irradiation

of autopsy: See Above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Kinves Hauson, M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 7/24/48

V S 150

G65235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G65235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 Johansen Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIUS HOLMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-20

8. AGE: Years 27 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Severn Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Hollman
13. Birthplace Severn Md.

MOTHER
14. Maiden Name Julia Jacobs
15. Birthplace Millersville Md.

16 (a) Informant Julia Hollman
(b) Address 538 Johansen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md.

18 (a) Funeral director Samuel W. Sullivan, Jr.
(b) Address 1011 N. Arlington Ave.

19 (a) JUL 23 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 2 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, traumatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was ~~primary~~ ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-16-48 at 10 P. M.
(b) Where did injury occur? In front of 1302 Pennsylavian Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Hit on head with butt of revolver

23. Signature [signature] M.D. Medical Examiner.
Date signed 7-20-48

VS 151

0665236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. 0665236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES STROTHERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - 1919

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Josephine Strother
(b) Address 815 N Stricker

17 (a) Burial (b) Date thereof 7/23/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto Md

18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna Ave Huntington Wellmore, Md

19 (a) JUL 23 1948 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION 55

20. DATE OF DEATH July 17, 1948, 2 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet Wound of Aorta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-17-48 at 2:30 A. M.
(b) Where did injury occur? 1702 Moreland Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Private home While at work? no
(d) Means of injury Firearms

23. Signature Emil L Royer M.D.
Medical Examiner.
Date signed 7-17-48

VS 151

G65237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G65237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 East 33rd Street
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 East 33rd Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Luther W. Johnson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ethel L. Milbourn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1890

8. AGE: Years 57 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Supt. Apartment Building

11. Industry or business 5 E. 33rd St.

FATHER
12. Name Andrew L. Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anne E. Whitten
15. Birthplace Harford Co., Md.

16 (a) Informant Ethel L. Johnson
(b) Address 5 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/48 (month) (day) (year)
(c) Cemetery ~~cremation~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 JUL 23 1948 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/48 19 at 10:20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 7/20/48

X

AB-121423 665238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 92a ✓ 665238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Riverside Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Woron-or-Mattie Woron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Kanon Paul Woron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years	Months	Days	If less than one day
50?			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin ? (D
13. Birthplace Russia

MOTHER
14. Maiden Name Mattie ? (D
15. Birthplace Russia

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 24-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Elkridge Md.

18 (a) Funeral director John A. Grebliunas Jr
(b) Address 423 Eastern Ave Baltimore, Md

JUL 23 1948 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20- 1948, at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20- 1948 to 7-20- 1948. and that I last saw her alive on 7-20- 1948

Immediate cause of death	Duration
CVA?	
Due to ?	
Due to	
Other Conditions Aortic stenosis Coronae failure	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: a. stenosis, coronae

of autopsy: failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Merrill T. Julian
Address BCH Date signed 7/24/48

VS 150

G65239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G65239 Registered No.

Write the causes of death clearly and legibly. Use no abbreviations or symbols. Type-writing is preferable.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway and Fairmount Ave.
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Allendale Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Maud Selina Weekes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7-23-1868

8. AGE: Years	Months	Days	If less than one day
79	11	29	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Exec. secretary
11. Industry or business Maryland Antivivisectionists Society

FATHER
12. Name Sealy Weekes
13. Birthplace Ireland

MOTHER
14. Maiden Name Matilda Phillips
15. Birthplace Ireland

16 (a) Informant Blanche E. Weekes
(b) Address 1111 4th St. Santa Monica, Cal.

17 (a) Cremation (b) Date thereof 7/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

(a) 23 1948 (b) [illegible]
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 7:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1948 to 7-22 1948 and that I last saw her alive on 7-22 1948.

Immediate cause of death Pulmonary Edema — Duration 6 hrs
Due to ASHD
Due to Ca of Breast + Metastasis
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 7-20-48
Major findings of operation: Ca + Metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home Date signed 7-22-48

G65240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 877

G65240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Hilltop Dr
(c) Hospital or institution:
Sheltering Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4203 Euclid Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Milbourn Schmidt

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 214-01-0972

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1895

8. AGE: Years 53 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Food Packers

FATHER
12. Name G Albert Schmidt
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Lena E Milbourn
15. Birthplace Md

16 (a) Informant G Albert Schmidt
(b) Address 4203 Euclid Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-1948 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Pfetzgar & Lore
(b) Address 2334 N Charles St

(a) JUL 22 1948 (b) Twinington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948 at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 18 July 1948 to 22 July 1948, and that I last saw h.e.r alive on 20 July 1948

Immediate cause of death Multiple Sclerosis, advanced, with paraplegia — Duration 5 yrs +

Due to

Due to

Other Conditions Decubitus ulcers, severe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Herbst Jr. M.D.
Address 20 E. Preston St. Balto Md Date signed 23 July 48

VS 150

G65241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

G65241 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 Old Spring Lane

(c) ~~Hospital or~~ institution: Old Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5y

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2102 Old Spring Lane (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Louis S. Newell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 6-1861

8. AGE: Years	Months	Days	If less than one day
86	8	15	...hr. ...min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Dr

11. Industry or business

FATHER 12. Name James L. Newell

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Lydia A. Bennett

15. Birthplace Md

16 (a) Informant John Newell

(b) Address 327 Old Orchard Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Green Mount

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Waiting for Signature, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1948, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23rd 1948 to Jul. 21st 1948.

and that I last saw h... alive on ... 19...

Immediate cause of death	Duration
Cholecystitis	1 Mo.
Due to	
Due to	
Other Conditions Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ... at ... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leo A. Montgomery M.D.

Address 401 E. 25th. St. Date signed 7/23/48.

V S 150

G65242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65242

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Benjamin Barlow

3 (b) If veteran, name war

3 (c) Social Security Account No. 141-05-6491

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ada Barlow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1884

8. AGE: Years 64 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Railway Express Retired

11. Industry or business

FATHER
12. Name Clinton Barlow
13. Birthplace Calhoun Md

MOTHER
14. Maiden Name Martha N Haines
15. Birthplace Elkton City Md

16 (a) Informant Ada Barlow
(b) Address 2026 N Calvert St

17. Final (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Ford
(b) Address 1217 N Ford St

Filed 23 1948 Received by registrar Huntington H Winslow Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 6:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1944 to July 23 1948 and that I last saw him alive on July 22 1948.

Immediate cause of death Myocarditis — Duration 5 yrs.

Due to Hypertension — Duration 7 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bailey L. Bassett M. D.

Address 3812 Greenmount Date signed July 23 48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the

G665243 — 27 N. Carey St ✓ — G665243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey St
(c) Hospital or institution: Good Samaritan Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip M. Mewshaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed,~~ or divorced: Divorced

6 (b) Name of ~~husband or~~ wife: Susan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th 1881

8. AGE: Years	Months	Days	If less than one day
67	1	22	hr. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Geo. A. Mewshaw

FATHER — 13. Birthplace A. A. Co. Md.

MOTHER — 14. Maiden Name Gertrude Mewshaw

MOTHER — 15. Birthplace Va.

16 (a) Informant Ida G. M. Gardner

(b) Address 407 Pontiac St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/24/48 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cedar Hill

Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 127 St. Paul St.

19 (a) [illegible] 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

V SP 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1948, 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1948 to July 21 1948, and that I last saw h[illegible] alive on July 21 1948.

Immediate cause of death: Acute Cardiac failure — Duration (Immediate) several months

Due to: Coronary failure — years

Due to: Hypertensive Cardio-vascular disease

Other Conditions: Hemiplegia Rt.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles [illegible] M.D.

Address 910 W. Lombard St Date signed 22 July 1948

X

G65244

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G65244

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. CAROLINE ST.
(c) Hospital or institution:
ST. JOSEPH'S HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town BALTIMORE Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7409 BELAIR RD.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH EMIL KERTCHER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife ADDA WASHINGTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-19-92

8. AGE: Years	Months	Days	If less than one day
56	6	4	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation MEAT CUTTER
11. Industry or business A+P

FATHER
12. Name Joseph J. Kertcher
13. Birthplace C.Z.

MOTHER
14. Maiden Name Barbara
15 Birthplace C.Z.

16 (a) Informant JOSEPH EMIL KERTCHER (PATIENT)
(b) Address 7409 BELAIR RD.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Lassahn Funeral Home.
(b) Address 7401 Belair Rd.

19 (a) JUL 23 1948 (Date received by Registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1948 at 12:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1948, to 7-23 1948 and that I last saw him alive on 7-22 1948.

Immediate cause of death	Duration
GENERAL SEPSIS	
Due to GENERALIZED PERITONITIS	4 DAYS
Due to RUPTURED APPENDIX (ACUTE APPENDICITIS WITH PERFORATION)	
Other Conditions PULMONARY ATALECTASIS - RT. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: GEN. PERITONITIS, GANGRENE RT. APPENDIX, PULM. ATALECTASIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Krejci M. D.
Address 1401 N. Caroline St. Date signed 7-23-48

VS 159

X

665245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

665245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Druid Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTHONY LEO DOUGLAS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1936

8. AGE: Years	Months	Days	If less than one day
12	2	16	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name George Douglas
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Spears
15. Birthplace Balto. Md

16 (a) Informant: George Douglas
(b) Address 500 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Lehmann St Huntingtown Williams, Md

19 (a) JUL 23 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 7:20 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized peritonitis, Rupture of Diaphragm, left

Due to

Other Conditions Fracture of ribs, 5, 6, and 7 left
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: Approx. 1 3/4
(a) Date of injury 7-21-48 at 6:40 P. M.
(b) Where did injury occur? Duck Pond Drive at intersection of Colored Playground Drive (Druid Hill Park)
(c) Did injury occur at home, in industry, in public place? Public While at work? no
(d) Means of injury Auto. & Bicycle collided

23. Signature Earl L. Voss M.D.
Medical Examiner.
Date signed 7-22-48

VS 151

665246

AB-121123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 665246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Bevan Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Robinson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife David
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7?-1895

8. AGE: Years	Months	Days	If less than one day
53	5	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation ? House wife
11. Industry or business

FATHER
12. Name ? George Coles
13. Birthplace ? A.A. Co. Md.

MOTHER
14. Maiden Name ? Minnie ?
15. Birthplace ? A.A.Co. Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 24, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20- 1948 at 1.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9- 1948 to 7-20- 1948, and that I last saw her alive on 7-20- 1948

Immediate cause of death	Duration
Pulmonary tuberculosis with questionable superimposed klebsiella pneumonia	2 months 2 weeks
Due to KLEBSIELLA	
Due to	
Other Conditions mild arteriosclerotic heart disease (Include pregnancy within 3 months of death)	years

Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret A. Morgan M. D.
Address Baltimore City Hosp. Date signed 7-22-48

X

G65247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. G65247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Vine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Elisha) Elijah Mc Intyre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Hooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1912

8. AGE: Years 36 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace: Rocky Point N. C.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: John Mc Intyre
13. Birthplace: ?

MOTHER
14. Maiden Name: Carrie ?
15. Birthplace: ?

16 (a) Informant: Clara L. Mc Intyre
(b) Address: 715 Vine Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 23, 1948 (month) (day) (year)

(c) Cemetery or crematory Wilmington N. C.

Location

18 (a) Funeral director: Mrs Katie R. Williams

(b) Address: 322 N. Schroeder St.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948, at 1:65 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Intracranial hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/20/48 at 1:45 A. M. 4/2
(b) Where did injury occur? Greene Street, 50' north of Fayette Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by taxicab

23. Signature George G. Merrell M.D.
Medical Examiner.
Date signed 7-20-48

VS 151

G65248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

G65248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N. Stricker Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME WILLIAM MONROE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel Bell Monroe

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 17, 1896

8. AGE: Years: 52 | Months: 5 | Days: 4 | If less than one day: ..... hr. ..... min.

9. Birthplace: N. C
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: General Monroe
13. Birthplace: N. C

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Anna Bell Monroe
(b) Address: 319 N. Stricker St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: July 23 1948 (month) (day) (year)
(c) Cemetery or crematory: Aberdeen, N. C
Location.....

18 (a) Funeral director: Mrs Katie B. Williams
(b) Address: 322 N. Schroeder St.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Remaining for Interment, Mrs Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 8:25A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of cervical vertberae (broken neck)

Due to.....

Other Conditions Fracture of left femur
Fracture of sternum
(Include pregnancy within 3 months of death)

22. If an external cause was primary X or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-20-48 at 2 ? P. M.
(b) Where did injury occur? Tunnel, Belvedere & Beauregard Ave.,
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury: Struck on head by crane boom

23. Signature: Earl L. Ryze M.D.
Medical Examiner.
Date signed.....

X

5249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140B

G65249 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 North Carrie St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian EDWARDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1922

8. AGE: Years 26 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Grifton N.C
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wright Edwards
13. Birthplace Grifton, N.C.

MOTHER
14. Maiden Name Lena Washington
15. Birthplace Grifton, N.C.

16 (a) Informant Dalton Edwards
(b) Address 422 N. Carey St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof July 22 1948 (month) (day) (year)
(c) Cemetery or crematory Waldon, N.C.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St. Washington, N.C.

19 (a) JUL 23 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948, at 6:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Purulent endometritis and peritonitis

Due to over

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.

Date signed 7/21/48

VS 181

665250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. 665250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 Parrish Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rachel Gross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1886

8. AGE: Years 62 64 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name James H. Gross
13. Birthplace Calvert County, Md.

MOTHER
14. Maiden Name Mary L. Dorsey
15. Birthplace Calvert County, Md.

16 (a) Informant William H. Gross
(b) Address 2104 Penn. Ave., Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles H. Alexander
(b) Address 1200 McCulloh St., Baltimore, Md.

19 JUL 23 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/48 19 , at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D. (Medical Examiner.)
Date signed 7/20/48

VS 151

X

G65251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 Calverton Heights ave
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(d) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Calverton Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME XENO N. STANSBURY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	(Married)

6 (b) Name of husband or wife HELEN M. STANSBURY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1897

8. AGE: Years	Months	Days	If less than one day
50	10	17	hr. min.

9. Birthplace CARROLL Co. MD.
(Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business Furniture Store

FATHER
12. Name Wm. H. Stansbury
13. Birthplace Carroll co. Md

MOTHER
14. Maiden Name Sally Pender POUDER
15. Birthplace Carroll co. Md

16 (a) Informant Helen M. Stansbury
(b) Address 2319 Calverton Hts. Ave

17 (a) Burial (b) Date thereof 7/26/48.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National (Bells)
Location Baltimore Md.

18 (a) Funeral director Chas S Powell
(b) Address 2427 Edmondson Ave

19 (a) JUL 23 1948
(Date rec'd by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1948, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from OCT-46 (1946) to 7/22 1948.
and that I last saw him alive on 7/22 1948.

Immediate cause of death
(a) Coronary Heart Disease
Due to
Due to
Other Conditions Pulmonary Edema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
NOV 1947

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1727 Park Ave Date signed 7/23/48

X

G65252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

168

G65252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: J H U.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 (3126 W. Camden St.)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jamieson Jamison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 23 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 23 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 July 1948, at 10 20 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions Subdural Hematoma, left

(Include pregnancy within 3 months of death)

22. If an external cause was [illegible] ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 5/7/48 at ? A.M.
(b) Where did injury occur? Canton Station Boulevard and Conkling St.
(c) Did injury occur at home, on farm, industrial place, in public place? PUBLIC While at work? NO
(d) Means of injury Struck by Automobile

23. Signature Earl K. Bright M.D.
Medical Examiner.
Date signed 11 July 48

X

G65253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65253 Registered No. 13 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George WALTERS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 23 1948 Commissioner of Health
18 (a) Funeral director
(b) Address
19 JUL 23 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH July 11, 1948 at 3 P. M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq. thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease. over

Due to Pulmonary tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed 7/12/48

VS 151

65254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. Augusta ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 70
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Bernard Bernard Hemmeter D. D.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Elenor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1869

8. AGE: Years	Months	Days	If less than one day
78	6	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Lutheran Minister

11. Industry or business Clergy

FATHER
12. Name Christopher Hemmeter
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Weidmueller
15 Birthplace Germany

16 (a) Informant Mrs. Albert Schneider
(b) Address 312 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or crematory St. Paul's.
Location Westminster, Md.

18 (a) Funeral director Loring Byers Post Hillcrest
(b) Address 5005 Park Heights Ave Baltimore, Md.

19 (Date rec'd by registrar) JUL 23 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 1948, to 7/22 1948 and that I last saw h[illegible] alive on 7/21 1948.

Immediate cause of death	Duration
Intracranial Hemorrhage	4 days
Due to Hypertension and V R disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alden H. Crowther

Address 4209 Fred Ave Date signed 7/23/48 M. D.

VS 159

G65255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65255

Please write clearly and legibly. Use ink. Do not use pencil. If the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 York Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 York Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Scanlan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Patrick J. Scanlan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1862

8. AGE: Years 86 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Laurence Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah A. Donnelly
15. Birthplace Ireland

16 (a) Informant Mrs Albert R. Thorpe
(b) Address 20 York Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John O. Moran
(b) Address 3006 E. Balt. St.

19 JUL 23 1948 (Date rec'd by registrar) (b) Kensington, Williams, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1948, to July 22, 1948, and that I last saw her alive on July 22, 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Fales M. D.

Address 6014 York Road Date signed 7-22-48

665256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. 665256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 E. Fayette Sts.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN STANGE

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-16-4578

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen Wilson Stange
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1893

8. AGE: Years 54 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Seafarer

FATHER
12. Name Carl Stange
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15 Birthplace Germany

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oakdawn
Location Eastern Ave.
18 (a) Funeral director John A. Mogan
(b) Address 3000 E. Balto. St.
19 JUL 23 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 48 at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 19 48 to July 23 19 48 and that I last saw him alive on July 23 19 48.

	Duration
Immediate cause of death Postoperative state resection of carcinoma of esophagus; atelectasis	Unknown
Due to — right lung	
~~Due to~~ Endocarditis, aortic, with stenosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: (Limited autopsy)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Dunn
Robert C. Dunn, Surgeon M. D.
Address Date signed 7/23/48

VS 150

X

G65257 BALTIMORE CITY HEALTH DEPARTMENT G65257
CERTIFICATE OF DEATH Registered No. 1062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Just came

2. USUAL RESIDENCE OF DECEASED:
(a) State S. Carolina (b) County
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Rogers Ave. (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Ann Craig
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 4, 1940

8. AGE: Years 8 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER 12. Name Edward Craig
13. Birthplace Union, S.C.

MOTHER 14. Maiden Name Frances Spillers
15. Birthplace Spartanburg, S.C.

16 (a) Informant Edward Craig
(b) Address 4514 Monument Ave. (Local) 228 Rogers Ave. Greenville, S.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-1948 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenville Cemetery
Location Greenville, S. Carolina

18 (a) Funeral director H. W. Meaderson
(b) Address 805 N. Calvert St.

JUL 23 1948 (Date rec'd by registrar) Kenneth Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 19 48 at 4:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 19 48 to Jul 23 19 48, and that I last saw h[illegible] alive on July 20 19 48.

	Duration
Immediate cause of death Bronchiectasis	5 yrs.
acute infection	
Due to several bouts of pulmonia	5 yrs.
Due to	
Other Conditions Myocardial insufficiency. (Include pregnancy within 3 months of death)	

Date of operation 7/22/48
Major findings of operation: Bronchoscopy - Removed mucus plug & culture
of autopsy: Note Made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Evans M. D.
Address Mercy Hosp. Date signed 7/23/48

VS 150

G65258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G65258

Give the cause of death clearly and legibly. Use physicians' terms; please write plainly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2730 N Charles
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltotily
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 N Charles (If Rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Emma Sattler

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 8 1855
8. AGE: Years 93 | Months 0 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name G. Wm. Sattler
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Sattler
15. Birthplace Baltimore

16 (a) Informant Wm. G. W. Sattler (nephew)
(b) Address Monkton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1948 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Stewart Murphy
(b) Address 108 W Mt. Royal Ave.

19 (Date received by Registrar) Worthington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1948, to July 22 1948, and that I last saw her alive on July 20 1948.

	Duration
Immediate cause of death: Chronic Myocardial Failure	2 mo
Due to: Arteriosclerosis	? years
Due to: Hypertension	? years
Other Conditions: Lobar Pneumonia	2 wks

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis W. Gluck M.D.
Address 3406 St Paul St Date signed 7/23/48

VS 150

937

665259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 665259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Kittie Bowen (KATHERINE A. BOWEN)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: EDWARD E. BOWEN

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 7-24-188[illegible]

8. AGE: Years 66 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wallace Dalrymple
13. Birthplace: Md.

MOTHER
14. Maiden Name: Sugar ?
15. Birthplace: Md.

16 (a) Informant: EDWARD L. BOWEN
(b) Address: 2912 RIGGS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)
(c) Cemetery or crematory: WESTERN
Location: BALTIMORE

18 (a) Funeral director: JOHN T. STANSBURY
(b) Address: 2700 EDMONDSON AVE.

19 (a) JUL 24 1948 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1948, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1948, to 7-22 1948, and that I last saw her alive on 7-22 1948.

	Duration
Immediate cause of death: CORONARY OCCLUSION	
HYPERTENSIVE CARDIO	
Due to: VASCULAR DISEASE	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jackie W. Hans M.D.
Address: 30 E. Lanvale St. Date signed 7/23/48

VS 150

G65260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 355 S. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katie (Krolle) Crowell

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-18-1260

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: ~~Married~~ Widowed

6 (b) Name of husband or wife: Cecil Crowell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-18-1260

8. AGE: Years 30 | Months | Days | If less than one day: hr. min. 913

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER 12. Name Jno. Wall

13. Birthplace N C

MOTHER 14. Maiden Name Sallie Royal

15. Birthplace N. C.

16 (a) Informant Cecil Crowell

(b) Address 1430 Binder Ct, Fairfield

17 (a) Burial (b) Date thereof July 24 48 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director James A. Mayo

(b) Address 142 W. Lee St

19 [illegible] 24 [illegible] (b) Huntington Williams Md (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to July 19 1948, and that I last saw her alive on July 19 1948

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to: Carcinoma Metastatic Submaxillary

Due to:

Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy 7/20/48 see above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex B. Gallahan

Address SBGH Date signed 7/20/48 M

Please write age in capitals. Physicians: please write the causes of death clearly and legibly.

VS 150

665261L - 15921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. 665261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lockner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Catherine (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 28, 1871

8. AGE: Years	Months	Days	If less than one day
77	1	24	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business

FATHER
12. Name Christopher Lockner
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Tallhorn & Dye
(b) Address 1214 E Lond St

19 (a) Date rec'd by local registrar Huntington Williams M.D. Registrar
JUL 24 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948, at 3.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1934, to July 22 1948, and that I last saw him alive on July 22 1948.

Immediate cause of death - Cardiac failure — Duration 5 days
generalized Arteriosclerosis — years
Due to Calcified mitral valve
Due to
Other Conditions - Cerebellar ataxy — Duration 10 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Warren E. Porter M. D.
Address Balto City Hospitals Date signed 7/23/48

X

65262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. 65262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Springdale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marcus Harris

3 (b) If veteran, name war
3 (c) Social Security Account No.
4 Sex: Male
5 Color or race: Colored
6 (a) Single, married, widowed, or divorced: D
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-2-78
8. AGE: Years 70 | Months 6 | Days | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Peter Harris
13. Birthplace
MOTHER 14. Maiden name Georgina Lofford ?
15. Birthplace ?
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn
18 (a) Funeral director Chas O Wilson
(b) Address 1011 Aisquith St
19 (a) [illegible] 1948 (b) Frances Johnson Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-48 4:45 P
21. I certify that death occurred on the date above stated; that I attended deceased from 4-27-48, to 7-20-48
and that I last saw [illegible] on 7-20-1948
Immediate cause of death Cerebral arterio-sclerosis
accident c ? hemiplegia — Duration
Due to Complicated arteriosclerosis
Due to
Other Conditions Arteriosclerosis due to syphilis c ? syphilitic aortitis (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Syphilitic aortitis CVA in left hemisphere of cerebrum
of autopsy: c small CVA in ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D D Jackson
Address JOHNS HOPKINS HOSPITAL Date signed 7/24/48 M. D.

V S 150

65263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. 65263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Douglas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLEN GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1846

8. AGE: Years 102 | Months | Days | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name London White
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant Ellen Green
(b) Address 207 Douglas Court

17 (a) Burial (b) Date thereof 7/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Elroy J. Wilson
(b) Address 1000 Stanley Ave

19 (a) (Date received by Local Registrar) (b) Huntington Williams Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/48 19..., at 8:10 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury X at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 7/21/48

X

665264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 665264

Please write the causes of death clearly and legibly. Important: Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Cold Spring Lane Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 O'DOnnell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Schmeizl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1868

8. AGE: Years	Months	Days	If less than one day
80	3	18	19 hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Germany

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs Deichman
(b) Address S. East Ave.

17 (a) Burial (b) Date thereof 7/24/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway

19 JUL 24 1948 (Date rec'd by registrar) (Institution for Mutilated, Md.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1948 to July 23 1948, and that I last saw her alive on July 22 1948.

Immediate cause of death	Duration
Generalized Arteriosclerosis	15 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lemmon M.D.
Address 3803 Edmondson Ave. Date signed 7/25/48

VS 15

X

665265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. 665265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2554 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John V. PAPA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 30 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vergant
13. Birthplace Italy

MOTHER
14. Maiden Name Condetta Barranco
15. Birthplace Italy

16 (a) Informant Philip Gummonello
(b) Address 2554 Harlem ave

17 (a) (Burial, cremation, or removal) (b) Date thereof July 26 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem Old Frederick Road
Location Joseph Fanaco Inc

18 (a) Funeral director Joseph Fanaco Inc.
(b) Address 2013 Greenmount Ave

19 (a) JUL 24 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 11:15 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-22-48 at apparent 11:15 PM.
(b) Where did injury occur? 1427 W. Fayette St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home of friend While at work?
(d) Means of injury Firearm

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/25/48

VS 151

G65266
B.C # 48-15144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G65266

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town Baltimore 10 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4514 Keswick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Simms (Charles M)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7/21/48

8. AGE: Years — | Months — | Days 2 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Varnon Simms
13. Birthplace Charles Cty - Maryland

MOTHER
14. Maiden Name Lucretia Elizabeth Walker
15. Birthplace Baltimore - Maryland

16 (a) Informant mother
(b) Address 4514 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/48 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampden

18 (a) Funeral director Paul E. Schenuit
(b) Address 2615-17 Pennsylvania Ave

19 (a) JUL 24 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1948, at 8:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from hm 7/21 1948 to 7/23 1948, and that I last saw h. lm. alive on 7/22 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Premature.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Maxwell M. D.
Address St Agnes Hosp Date signed 7/23/48

VS 150

G65267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G65267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore 23
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Diane Jeanne Krause

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-29-28

8. AGE: Years 19 | Months 9 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Balto - Md
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Henry W. Krause
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lillian V. Franzoni
15. Birthplace Baltimore Md

16 (a) Informant Henry W. Krause
(b) Address 1904 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director George J. Poetto Inc
(b) Address 1735 Hanford Ave

19 JUL 24 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1948 at 3:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1948 to 7-24 1948 and that I last saw h.. alive on 7-24 1948

Immediate cause of death Respiratory Failure

Due to Pneumonia

Due to Acute Gen. nephritis

Other Conditions Preg. about 4 mo.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene W. Finken
Address Bon Secours Date signed 7-24

VS 150

1318

065268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH · 13B

Registered No. 065268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Division St
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Denver Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Josephine Allen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Sampson
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie Sampson
15. Birthplace Virginia

16 (a) Informant Josephine Allen
(b) Address 1117 – 4½ St, N.E, Washgtn, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)
(c) Cemetery or crematory Ridge Md
Location St Mary's Co. Md

18 (a) Funeral director George B. Kelson
(b) Address 1303 Pennsylvania Ave

19 JUL 24 1948 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1948 to July 22, 1948, and that I last saw h— alive on July 18, 1948.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature McDonald Bando M. D.
Address 2445 W. Hill Ave Date signed 7/24/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G665269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2333 HARFORD ROAD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2333 HARFORD ROAD (If rural give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ITALY

3 (a) FULL NAME FILOMENO FIORENTINO

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-2639

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ANGELA FIORENTINO

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr) OCT. 29-1882

8. AGE: Years 65 | Months 8 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace LARINO CAMPOBASSO ITALY (Town, county, and state)

10. Usual Occupation PRESSER

11. Industry or business TAILORING

FATHER 12. Name ANGELO FIORENTINO
13. Birthplace GIOVINAZZO, ITALY

MOTHER 14. Maiden Name ANNA MAROLLA
15. Birthplace GIOVINAZZO ITALY

16 (a) Informant ERNIE BASSO
(b) Address 611 CHAPEL GATE LANE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER
Location 4430 BELAIR ROAD

18 (a) Funeral director Raymond C. Finch
(b) Address 796 N. Broadway

JUL 24 1948

19 (a) ..... (Date rec'd by registrar) (b) Huntingtown, Millersville, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 1944 to July 23, 1948 and that I last saw him alive on July 23, 1948.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 mos. 10 days
Broncho Pneumonia	3 days
Due to Congestive Heart Failure	3 days
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Philip or Art Grano M.D.
Address 2942 E. Fayette St. Date signed 7/24/48

VS 153

665270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125a

Registered No. 665270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 Foster Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Foster Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHANNA DOROTHEA LENTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John J. Lentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1862

8. AGE: Years	Months	Days	If less than one day
86	4	28	hr. min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Christian Heuermann
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Kohlbus
15. Birthplace Germany

16 (a) Informant Mr. Leonard J.P. Lentz
(b) Address 2313 Foster Avenue - 24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) [illegible] (b) Pennington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1948 to July 21 1948 and that I last saw h[illegible] alive on July 21 1948.

Immediate cause of death	Duration
Senile Atrophy of Liver	7
Due to Complicated with Anemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. L. Valentine M.D.
Address 1732 E. Broadway Date signed July 23 48

VS 150

G65271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G65271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 646 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Mills

3 (b) If veteran, name war	3 (c) Social Security Account No. 217-09-4562

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1890

8. AGE: Years	Months	Days	If less than one day
58	3		hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Josephine Mills
(b) Address 646 W. Saratoga St.

17 (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. 60

18 (a) Funeral director Samuel W. Sullivan, Jr.
(b) Address 1011 N. Arlington Ave.

19 7-24-1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/48 19 ..., at 89 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/48 19 ... to 7/20 19 48
and that I last saw h[illegible] alive on 7/19/48 19 ...

Immediate cause of death Cancer Liver
Due to Cancer Liver

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
[illegible]
[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter T. Lowe M. D.
Address 401 S. Edmondson Date signed 7/24/48

VS 2.

665272 JL -120831

BALTIMORE CITY HEALTH DEPARTMENT X 937 ✓ Registered No. 665272

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 May Ave. Towson, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Brown

3 (b) If veteran, name war. —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife George (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1879

8. AGE: Years	Months	Days	If less than one day
68	8	14	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alonzo Davis
13. Birthplace S. C.

MOTHER
14. Maiden Name Eliza Camel
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 25-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Balto Co. Md.

18 (a) Funeral director Bryant M. Annis & W. Knight
(b) Address 721 Fisguth St

19 (a) July 24 1948 (b) Huntington Williams, M.D.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948, at 5PM M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1948, to July 22 1948, and that I last saw her alive on July 22 1948

Immediate cause of death	Duration
UREMIA	3 WEEKS
Due to HYPERTENSIVE, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	5 YEARS?
Due to ADHESIVE BAND OF RT. URETER	5 YEARS?
Other Conditions RT. HYDRONEPHROSIS	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy: SAME AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jernigan M. D.
Address Baltimore City Hosp. Date signed 7-23-48

VS 150

X JERNIGAN

G65273 BALTIMORE CITY HEALTH DEPARTMENT G65273
CERTIFICATE OF DEATH 937 Registered No.

Please answer questions clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4107 Fairview Ave
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Fairview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Mutter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1878

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Mitchel

13. Birthplace Russia

MOTHER 14. Maiden Name Mary

15. Birthplace Russia

16 (a) Informant David Mutter

(b) Address 4107 Fairview Ave

17 (a) Removal (Burial, cremation or removal) (b) Date thereof 7-24-48 (month) (day) (year)

(c) Cemetery or crematory

Location Brooklyn N.Y.

18 (a) Funeral director Jack Kemps Sons

(b) Address 2100 Eutaw Place

19 (a) (Date received) 7-25-1948 (b) (Registrar) Pennington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-1948, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1948 to 7/24 1948, and that I last saw h. alive on 7/24 1948.

Immediate cause of death Coronary Thrombosis — Duration 20 min

Due to Hypertension and Arteriosclerotic H. D.

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis I. Blum, M.D.

Address 2310 Eutaw Pl. Date signed 7/25/48

665274 ✓ 665274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

Write the cause of death clearly and legibly. Use ink or indelible pencil. Do not use abbreviations or symbols except those for which space is provided. Items are especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lethia Robinson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Louis Robinson.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 18, 1894

8. AGE: Years 53 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace: Wilmington, N.C. (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: John Haines
13. Birthplace: Wilmington, N.C.

MOTHER
14. Maiden Name: Lizzie Price.
15. Birthplace: Wilmington, N.C.

16 (a) Informant: Octavia Woods.
(b) Address: 109 Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1948 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location:

18 (a) Funeral director: Mrs Kate R Williams
(b) Address: 322 N. Schroeder St

19 (a) JUL 25 1948 (Date rec'd by registrar) (b) Huntington Hilliard Baltimore

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1948, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1948 to 7/21 1948, and that I last saw her alive on 7/20 1948

Immediate cause of death: Hypertensive C-V Renal Disease — Duration: 3 Mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Porter Grant

Address 601 N. Carroll Blvd Date signed 7/20/48

X

665275 ✓ 665275

665275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. The correct age is especially important. Any supplies will be furnished upon request.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 Taylor Ave
(c) Hospital or institution: 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Taylor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lavinia Costley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Wilson J. Costley

6 (c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 188 6

8. AGE: Years 81 | Months 10 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isiah Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C. Patterson
15. Birthplace Maryland

16 (a) Informant Mrs. Hilda Wallace
(b) Address 402 Taylor Ave. Caton. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7-27-48 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Fairview
Location Covers Corner, Carroll Co. Md

18 (a) Funeral director C.M. Waltz
(b) Address

19 (a) JUL 25 1948 (Date rec'd by local reg.) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948 to July 24 1948, and that I last saw h[illegible] alive on July 24 1948.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Due to	
Due to	
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Bonfield M. D.
Address 72 a N. Fulton Ave Date signed 7/31/48

VS 180

G65276 BALTIMORE CITY HEALTH DEPARTMENT G65276
CERTIFICATE OF DEATH 1243 Registered No.

1. PLACE OF DEATH:
(a) Baltimpre City, Maryland
(b) Street address 129 S. Morley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Morley St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. Tobin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie McKenna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1884

8. AGE: Years 63 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name William Tobin
13. Birthplace Ireland

MOTHER 14. Maiden Name
15 Birthplace

16. (a) Informant Mrs Annie Tobin
(b) Address 129 S. Morley St.

17 (a) Burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A. Farley
(b) Address Gaston Ave. & Fayette St

19 (a) JUL 5 1948 Winterton Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947 to July 27 1948
and that I last saw him alive on July 27 1948

Immediate cause of death (a) Portal Cirrhosis & Ascites — Duration 1 7/48

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eliot W Johnson M. D.
Address 34 32 Frederick Ave Date signed

X

G65277 G65277

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 937 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town B Street Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annie Louise Heaps

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife I. Wallis Heaps (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1872

8. AGE: Years	Months	Days	If less than one day
76	4	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Archibald Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Hanna Jane Gladden
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 48 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Highland
Location Street Md.

18 (a) Funeral director Hubert P. Harkins
(b) Address Delta, Pa.

19 (a) JUL 25 1948 (Date received by registrar) (b) Forest Hill, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1948 to July 24 1948, and that I last saw h[illegible] alive on July 24 1948.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	years
Due to	
Due to	
Other Conditions Cerebral thrombosis, uremia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm F. Cox 3rd M. D.
Address Union Memorial Hosp. Date signed 7-26-48

VS 150

G65278

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65278 Registered No.

CERTIFICATE OF DEATH 937

Please type or print plainly with pen, and make no erasures. Be sure to fill in every item. If unknown, write unknown; if not applicable, write none. Be sure to state the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5228 St. Charles Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) **FULL NAME** CATHERINE MASLIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry C. Maslin

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1875

8. AGE: Years 72 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER 12. Name John Stautitz

13. Birthplace Md.

MOTHER 14. Maiden Name Kate Fetch

15. Birthplace Md.

16 (a) Informant Mrs. Alice A. Bullett

(b) Address 5229 St. Charles Ave. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (month) (day) (year)

(c) Cemetery or crematory Angel Hill

Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell

(b) Address Havre de Grace Md.

19 (a) 7 25 1948 (Date rec'd by registrar) (b) 6 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1948, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1945 to 7/24 1948 and that I last saw her alive on 7/24 1948

Immediate cause of death UREMIA — Duration

Due to — Duration over

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Kolb M. D.

Address Sinai Hosp. Date signed 7/24/48

VS 150

G65279 G65279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3508 Coolige ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore co
(c) City or town Baltimore city
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Rebecca Harvey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1881

8. AGE: Years	Months	Days	If less than one day
66	10	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel M Shirk
13. Birthplace Frederick Co Md

MOTHER
14. Maiden Name Sarah J Dean
15. Birthplace Maryland

16 (a) Informant Mrs Lu Stewart
(b) Address 3508 Coolige ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (month) (day) (year)
(c) Cemetery or crematory Brookmont Cemetery
Location Montgomery Co Md.

18 (a) Funeral director Ruth E Barber
(b) Address Lottsville Va

19 (a) JUL 25 1948 (Date rec'd by registrar) (b) Thurston Williams M.D.
Roy W. Barber Dayton ville Co Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 2 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1946 to July 25 1948, and that I last saw h[illegible] alive on June 1948

Immediate cause of death	Duration
Acute Pulmonary Edema	2 hours
Due to Hypertensive Cardio-Vascular disease	2 1/2 yrs.
Due to	
Other Conditions Chronic Colitis 5 yrs	21 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl Fase, M.D.
Address 4001 W Lanvale Ave Date signed 7-27-48 M. D.

G65280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65280 90 Registered No.

1. PLACE OF DEATH: Franklin Square Hospital
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette St
(c) Hospital or institution:

15-11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3928 Cedardale Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Schwartzberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband~~ or wife: Late Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business: Confectionary Store

FATHER
12. Name: Jacob B Schwartzberg
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ida ?
15. Birthplace: Russia

16 (a) Informant: Mrs Edna G Baum
(b) Address: 2 N Callington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosedale Cemetery
Location: Hamilton Ave Rosedale

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 N North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 1.P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to ~~his~~ death on the day stated above.

	Duration
Immediate cause of death: Cardio-vascular failure	
Due to: Hypertension Cardio Vascular Disease	
Due to: Generalized arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert B. Mcadden M.D.
Medical Examiner.
Date signed 7/24/48

VS 6

G65281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65281T / 830 Registered No. 81

1. PLACE OF DEATH: Levindale Home
(a) Baltimore City, Maryland
(b) Street address: Belvedere & Greenspring Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Zelda Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Isaac L.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1868
8. AGE: Years 80 | Months | Days | If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business: None

FATHER
12. Name: Rubin Rich
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unkown
15. Birthplace: Russia

16 (a) Informant: Ralph Brown
(b) Address: 5014 Queensbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1948 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosdeale Cem
Location: Philadelphia Rd Hamilton Ave
18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave
19 JUL 25 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1948 at 12 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22- 1948 to 7-25 1948 and that I last saw her alive on June 24 1948

Immediate cause of death	Duration
Cerebral Hem-	
horrage & abundant	
rectal bleeding (suppose	
Due to to be due to sup-	
posed sclerotic vessels.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome J. Blumberg M. D.
Address Levindale Home Date signed 7-25-48

VS 150

X

BALTIMORE CITY HEALTH DEPARTMENT

665282 **CERTIFICATE OF DEATH** 146F Registered No. 665282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Greenway Green Apts.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harryman Gish Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Helen Barr 57
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/16/1893

8. AGE: Years	Months	Days	If less than one day
55	1	8	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Broker with
11. Industry or business Alexander Brown & Sons

FATHER
12. Name William Henry Bosley
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Cockey
15 Birthplace Maryland.

16 (a) Informant Marie E. Mangus
(b) Address 13th & Spruce Sts., Phila. Pa.

17 (a) Burial (b) Date thereof 7/27/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. H. Mears and Son
(b) Address 905 N. Calvert St

19 (a) [illegible] Wilmington, Md.
(Date received by registrar) Registrar

JUL 25 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 3:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948 to July 24 1948.
and that I last saw him alive on July 24 1948.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of the liver (hepatic cell)	10 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation metastatic carcinoma
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Coyle M. D.
Address Union Memorial Hosp. Date signed 7-24-48

G65283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G65283
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

G65284

AB-108205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 517

G65284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 61yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Webb St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1885

8. AGE: Years	Months	Days	If less than one day
63	6	-	hr. min.

9. Birthplace Charles County, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Thomas (D
13. Birthplace Md.

MOTHER
14. Maiden Name Betty Proctor (D
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Georgetown Pike Road

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 308 Eight St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1948, to 7-16 1948, and that I last saw him alive on 7-16 1948.

Immediate cause of death	Duration
Ca of pancreas and obstruction of stomach	3 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-12-48

Major findings of operation: Ca of pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. George M. D.
Address 4940 Eastern Ave. Date signed 7-28-48

G652285 BALTIMORE CITY HEALTH DEPARTMENT G652285
CERTIFICATE OF DEATH 150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 Brookfield ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helene Oppenheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race wh.

6 (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant A. Rosenberg
(b) Address 2309 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-48 (month) (day) (year)
(c) Cemetery or crematory Shrew Young Men
Location Windsor Mills Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10/ 1946, to 7/22/ 1948, and that I last saw her alive on 7/22/ 1948

Immediate cause of death Cancer of the breast — Duration 2 years
Due to
Due to
Other Conditions Metastases of the skin, bones, and brain (?)
(Include pregnancy within 3 months of death)
Date of operation 7/3/46
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Weinberger M. D.
Address 912 Brooks Lane Date signed 7/23/48

VS 150

G65286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G65286 Registered No.

Please answer questions on death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Cordova Apts D2
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cordova Apts D2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Rosenberg

3 (b) If veteran, name war: WORLD WAR I

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ada

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Georgia (Town, county and state or foreign country)

10. Usual Occupation real Estate

11. Industry or business

FATHER 12. Name Mark

13. Birthplace Russia

MOTHER 14. Maiden Name Gertrude

15. Birthplace Russia

16 (a) Informant Ada Rosenberg

(b) Address Cordova Apts D2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)

(c) Cemetery or crematory Helen Friendship

Location Park Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

JUL 25 1948 (Date rec'd by registrar) (b) (By) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1948, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1944 to 7-24 1948, and that I last saw him alive on 7-24 1948.

Immediate cause of death: Coronary Thrombosis (2nd Attack) — Duration: 2 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Cooper M. D.

Address 2241 Eutaw Place Date signed 7/27/48

VS 150

665287 BALTIMORE CITY HEALTH DEPARTMENT 665287
CERTIFICATE OF DEATH 46E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Union 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Whittier Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sabina Schilling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel
13. Birthplace Poland

MOTHER 14. Maiden Name Frances
15. Birthplace Poland

16 (a) Informant Samuel Schilling
(b) Address 2303 whittier ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Jack Lewis Jr
(b) Address 2166 Eutaw Place

19 (a) (Date) (b) Registrar (Date) received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23- 1948; at 9 A M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1948, to July 23 1948, and that I last saw her alive on July 23, 1948.

Immediate cause of death	Duration
Hypostatic pneumonia of small intestine	
Due to	
Due to	
Other Conditions Cardiac decompensation	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: Hypostatic pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Sinai Hospital Date signed 7-27-48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BC-G 90724
G65288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157a

Registered No. G65288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Herkimer St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Herkimer St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Doris E. Larkin
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | **5. Color or race** W | **6 (a) Single, ~~married, widowed, or divorced~~** —
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) October 5, 1947
8. AGE: Years | Months 9 | Days 19 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business
FATHER 12. Name Kenneth E. Larkin
13. Birthplace Baltimore, Md.
MOTHER 14. Maiden Name Doris Hess
15. Birthplace Baltimore, Md.
16 (a) Informant Father
(b) Address 2303 Herkimer
17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7-27-48 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Rudge
Location Wash Blvd.
18 (a) Funeral director Edward Fowlson
(b) Address 235 Wash Blvd. Washington (Baltimore) Md.
19 (a) 7/26/48 (Filled in by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1948 to July 24 1948 and that I last saw h[illegible] alive on July 24 1948.

Immediate cause of death	Duration
Convulsion	2 hrs.
Due to Spina Bifida	1 9 mos.
Due to Hydrocephalis	9 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Gordon M. D.
Address 2201 W Northern Date signed 7-24-48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

G65289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1122a

G65289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore #30.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Cookie St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Meininger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Marie Annie
6 (c) If alive, give age 70. years

7. Birth date of deceased (mo., day, yr) 9/22/75

8. AGE: Years 72 | Months 10 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Hungary
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business B. & O. RR.

FATHER
12. Name NICHOLS MEININGER
13. Birthplace HUNGRAY

MOTHER
14. Maiden Name CATHRINE NIECE
15. Birthplace HUNGRAY

16 (a) Informant Mrs. M. Meininger
(b) Address 1319 Cookie St

17 (a) Burial (b) Date thereof 7/26/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Chas. F. Dill
(b) Address 1501 E. Fort Ave

19 (a) ____ (b) Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

25 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1948, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1948, to 7/23 1948 and that I last saw h.im. alive on 7/23 1948.

Immediate cause of death	Duration
Bilateral Hypostatic Pneumonia	
Due to	
Due to	
Other Conditions Scrotal Hernia Rectal Bleeding Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John T. Everett M. D.
Address St. Josephs Hosp. Date signed 7/23/48

111c

G65290 BALTIMORE CITY HEALTH DEPARTMENT G65290
CERTIFICATE OF DEATH 1318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1846 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1846 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Evelyn Rebstock

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1910

8. AGE: Years 38 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name George T. Rebstock
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary E. Currier
15. Birthplace Virginia

16 (a) Informant George T. Rebstock
(b) Address 1846 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1948 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn-Fleming
(b) Address 1426 Light St.

19 (a) [illegible] 1948 (b) Received by registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23- 1948, at 7:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1948 to 7/23 1948.
and that I last saw h[illegible] alive on 7/22 1948.

Immediate cause of death — Endocarditis Chronic — Duration 1 mo.
Due to — Chronic Nephritis — 2 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. Z. Wheeler MD
Address 1279 Fulton Ave Date signed 7/24/48

G65291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registration No. G65291

Please write the causes of death clearly and legibly. Physicians: please write legibly; typewriter preferable. Any illegible or incomplete certificate will be returned for correction.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address GREENSPRING AVE
(c) Hospital or institution:
HEBREW HOME FOR AGED
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. GREENSPRING AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Morris Lupsitz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Samuel Flom
(b) Address 1707 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Laura Inc
(b) Address 2100 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1948, at 2 25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1948 to July 25 1948 and that I last saw h.im alive on July 25 1948.

Immediate cause of death	Duration
Pulmonary edema due to:	
Cancer of stomach	
Due to	
Due to	
Other Conditions Gangrene aneurism Carotid.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome J. Blumberg M. D.
Address Levindale Home Date signed 7-25-48

VS 150

X

G65292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G65292

Please write the causes of death clearly and legibly. Use only black ink. Typewriter preferred. Physicians: please write plainly. Do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 739 N. Chester St.
(c) Hospital or institution: 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 N. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** DONATO - MICHETTI

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-12-4887

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rita Michetti

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 29, 1863

8. AGE: Years 85 | Months 5 | Days 24 2/5 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Retired Taylor

11. Industry or business

FATHER
12. Name: Francesco P. Michetti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Unknown
15. Birthplace: W

16 (a) Informant: Mr. Eugene Michetti
(b) Address: 922 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 19 48, at 8:00a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 19 42 to July 23, 19 48, and that I last saw h im alive on July 23, 19 48

Immediate cause of death	Duration
Broncho Pneumonia	8 days
Cerebral Hemorrhage (Recent)	8 days
Due to: Chronic Bronchitis	Unknown
Arteriosclerosis	Unknown
Due to: //// Cerebral Hemorrhage (first)	6 yrs., 3 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philibert Artigues M.D.
Address: 2942 E. Fayette St. Date signed: 7/24/48

X

G65293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 Liberty St (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Alfred Hayes Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1877

8. AGE: Years	Months	Days	If less than one day
70	109	7	..... hr. ..... min.

9. Birthplace Carroll Co (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name A H. Young
13. Birthplace Carroll Co

MOTHER
14. Maiden Name Susan Settle
15. Birthplace Carroll Co

16 (a) Informant Mrs A H Young
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-48 (month) (day) (year)
(c) Cemetery or crematory Kuhns
Location Carroll Co

18 (a) Funeral director H Barnhart Son
(b) Address Westminster md

19 (a) JUL 26 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 1.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1948, to July 25 1948, and that I last saw him alive on July 21 1948.

Immediate cause of death	Duration
Coronary infarction	
Due to Hypertensive Cardio-Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature John F. Benson M.D. M. D.
Address Un. Hosp. Date signed 7/25/48

VS 150

G65294 BALTIMORE CITY HEALTH DEPARTMENT X G65294

CERTIFICATE OF DEATH

Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Manchester Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME A. Earle Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife Kathleen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8/23/1898

8. AGE: Years 49 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Coal Keepers Co Inc

FATHER 12. Name Robert Wells

13. Birthplace Md

MOTHER 14. Maiden Name Rebecca Musselman

15. Birthplace Md

16 (a) Informant Mrs Kathleen Wells

(b) Address Manchester Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)

(c) Cemetery or crematory St Joseph's Cemetery

Location Taneytown Md.

18 (a) Funeral director C. O. Fuss & Son

(b) Address Taneytown Md.

19 (a) JUL 26 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1948, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/ 1948 to 7/25/ 1948, and that I last saw h[e] alive on July 25 1948.

Immediate cause of death Hepatic insufficiency

Due to Portal cirrhosis

Due to

Other Conditions Fibrosis of spleen

(Include pregnancy within 3 months of death)

Date of operation 7/24/48

Major findings of operation: Splenectomy cirrhosis of liver

of autopsy: Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter J. Bernard M.D.
Address St. Agnes' Hosp. Date signed 7/29/48

VS 150

A X

G65295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5104 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wehr

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-26-8387

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Nettie J.

6 (c) If alive, give age (years) 1880

7. Birth date of deceased (mo., day, yr.) Dec 26 1879

8. AGE: Years 68 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Postal Employee

FATHER
12. Name Frank J Wehr
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dora Myers
15 Birthplace Baltimore

16 (a) Informant Nellie J Wehr
(b) Address 5104 Belair Rd

17 (a) Burial (b) Date thereof 7/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director Wm Cook Inc.
(b) Address 217 St Paul St

19 (a) JUL 26 1948 (b) Washington Williams, M.D.
Date received by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948 at 2115 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1948 to July 25 1948 and that I last saw h/him alive on July 25 1948

Immediate cause of death	Duration
Coronary Occlusion	15 Hours
Due to Arteriosclerotic Heart Disease	indefinite
Due to General Arterio-sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph H Bowers Jr M.D.
Address Mercy Hospital Date signed 7-28-48

VS 150

G65296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Aiscaanna St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cosmos Loizos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 23 1910

8. AGE: Years 38 | Months - | Days 22 | If less than one day hr. min.

9. Birthplace: Greece
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Nikolaos Loizos
13. Birthplace: Greece

MOTHER
14. Maiden Name: Manides
15. Birthplace: Greece

16 (a) Informant: Paul Manides
(b) Address: 412 S Clinton St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof July 26 1948

(c) Cemetery or crematory: Greek Orthodox Cem
Location: Baltimore

18 (a) Funeral director: Fred W Ozazewski
(b) Address: 6830 Eastern Ave

19 JUL 26 1948 (Date rec'd by registrar) (b) Funeting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 4:45 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary artery disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
Did injury occur at home, on farm, industrial place, in public place? While at work?
(c) Means of injury

23. Signature Ed L Ryan M.D.
Medical Examiner.
Date signed July 24, 1948

VS 151

G65297

43-9057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V131B

Registered No. G65297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto (If outside city limits, write RURAL and give town)
(d) Street No. 1617 Shakespeare St. (If rural route location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME James Borowy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-32

8. AGE: Years 16 | Months 6 | Days 17 | If less than one day ___hr. ___min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER 12. Name James Borowy
13. Birthplace Poland

MOTHER 14. Maiden name Josephine Pojanski
15. Birthplace Penna.

16 (a) Informant.....
(b) Address JOHNS HOPKINS HOSP.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/48 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 6 7948 Eastend Ave

19 (a) JUL 26 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24-48 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19-48 to 7-24-1948, and that I last saw deceased alive on 7-24-1948.

Immediate cause of death Uremia

Duration

Due to Glomerulonephritis

Due to.....

Other Conditions Hypertension, Heart failure

(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Sherman M. Mellinkoff M.D.
Address JOHNS HOPKINS HOSP. Date signed 7/26/48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5298 BC-48-11405 / 159 — Registered No. G65298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Madison Ave.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Armstrong

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1948

8. AGE: Years	Months	Days	If less than one day
—	—	—	1 hr. 20 min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hozea Armstrong
13. Birthplace Fayetteville N.C.

MOTHER
14. Maiden Name Dorothy Gibbs
15. Birthplace Hefer, N.C.

16 (a) Informant Records
(b) Address Provident Hosp

17 (a).....(Burial, cremation, or removal) (b) Date thereof.....(month) (day) (year)
(c) Cemetery or crematory.....
Location.....

18 (a) Funeral director Used for Laboratory Purposes
(b) Address S. Hosp. i/c Path. Lab.

19 JUL 26 1948 (Date received by registrar) (b) Huntington [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1948, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1948 to 6-3 1948, and that I last saw h[illegible] alive on 6-3 1948.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....at.....M
(c) Where did injury occur?.....(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?.....While at work?.....(Specify type of place)
(e) Means of injury.....
23. Signature M. B. Gellis M.D.
Address [illegible] Date signed 7-26-48

Please write the causes of death clearly and legibly. Physicians: please write legibly. Supply all items.

665299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. 665299

Please write the causes of death clearly and legibly. Any supplementary explanation may be appended.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1519 Division Street

(c) Hospital or institution: Provident Hospital 16-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 W. Lanvale Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-7787

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Harry Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Norfolk Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Roden Haynes

13. Birthplace N. C.

MOTHER 14. Maiden Name Katie Hoskins

15. Birthplace N. C.

16 (a) Informant Ethel B. Kelly

(b) Address 1611 W. Lanvale st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location Frederick Ave. Balto.

18 (a) Funeral director Metropolitan Funeral Home, Inc.

(b) Address 922 N. Mount St.

19 JUL 26 1948 Huntington Williams, M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1948 at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1948 to 7/23 1948 and that I last saw h. er alive on 7/23 1948

Immediate cause of death Generalized Peritonitis — Duration

Due to Adynamic Ileus

Due to Appendiceal Abscess

Other Conditions Hypertensive Cardiovascular Disease

(Include pregnancy within 3 months of death)

Date of operation 7/16/48

Major findings of operation: Appendiceal Abscess - Generalized peritonitis

of autopsy: same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Marcus W. Moore Sr M.D.

Address Provident Hosp. Date signed 7/24/48

VS 150

665300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. 665300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16-D
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Weldon Ellsworth Hosley

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-7688

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Margaret H. Hosley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1909

8. AGE: Years	Months	Days	If less than one day
39	-	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Margaret H. Hosley
(b) Address 1208 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory Friendship Md
Location Md

18 (a) Funeral director George L. Kelson
(b) Address 1303 Presstman St

19 JUL 26 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/1948, at 11:55 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gunshot wounds of face

Due to

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/23/48 at about 1:30 P M.
(b) Where did injury occur? 1208 N. Stricker St
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Shot self w/ 12 gauge shotgun

23. Signature C. P. Pulaski M.D.
Medical Examiner.
Date signed 7/23/48

VS 151

G65301

BC. 48-10808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182a

Registered No. G65301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1136 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester Smith

3 (b) If veteran, name war-	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26-1948

8. AGE: Years	Months	Days	If less than one day
	1 m	1027	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Sylvester Maultsby
13. Birthplace Va

MOTHER
14. Maiden Name Edna Smith
15. Birthplace Balto

16 (a) Informant Edna Smith
(b) Address 1136 N. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 142 W Pratt St

19 JUL 26 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948, at 11 50 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Mechanical suffocation

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-22-48 at between 8-10:30 P.M.
(b) Where did injury occur? 1136 N. Carrollton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Suffocation by bedclothes

23. Signature [signature] M.D.
Medical Examiner.
Date signed July 23, 1948

VS 151

65302 65302 48-14408 S.65302 Registered 65302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-8-48

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis McCoy Downs

13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Ellen Dalrymple

15. Birthplace N. Thumberland Co. Va.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL 22 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 26 1948 (Date rec'd by registrar) (b) Wellington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1948 to 7-13 1948, and that I last saw h.e.r. alive on 7-13 1948.

	Duration
Immediate cause of death Respiratory failure	
Due to Subnormal Vitality	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Saunders Jr. M. D.

Address Univ. Hosp. Date signed 7-13-48

VS 150

X

Please write the causes of death clearly and legibly. Physicians: please write in ink. Typewriter unnecessary.

5303 48-14803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 159

Registered No. 665303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5218 Brentwood Ave (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby boy Mailman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/13/48

8. AGE: Years	Months	Days	If less than one day
			17 hr. 39 min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation.....
11. Industry or business.....

FATHER
12. Name Robert Mailman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Johanna Mills
15. Birthplace Balto Md.

16 (a) Informant.....
(b) Address.....

17 (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory.....
Location Johns Hopkins Medical School JUL 20 1948

18 (a) Funeral director Commissioner of Health
(b) Address.....

19 (a) JUL 26 1948 (b) Registrar for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13 1948; at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 19 48 to 7/13 19 48, and that I last saw h— alive on 7/13 19 48

Immediate cause of death.....	Duration
Due to Prematurity	
Due to.....	
Other Conditions.....	

(Include pregnancy within 3 months of death)

Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Gordon Gamble MD M. D.
Address West Balto Gen Hosp Date signed 7/13/48

VS 150

X

GE5304

GM. 70945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

GE5304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 S. Conkling ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Clausen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) May 27- 1868

8. AGE: Years	Months	Days	If less than one day
80	1	13	hr. min.

9. Birthplace Boston Mass.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace Denmark

MOTHER
14. Maiden Name Johanna ?
15. Birthplace Denmark

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

University Medical School JUL 20 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 26 1948 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 9- 1948, at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 - 1942 to 7- 9- 1948, and that I last saw him alive on 7- 9 - 1948.

	Duration
Immediate cause of death Cardiac failure	hrs.
Due to Arteriosclerosis	days
Due to ASCVD	yrs.
Other Conditions gangrene both legs, due to embolu	5 days

(Include pregnancy within 3 months of death)

Date of operation 5/8/48
Major findings of operation: gangrene of leg, left
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jordan Craft M.D.
Address Balt. City Hosp. Date signed 7/15/48

VS 150

X

5205 JL - 63552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. CC5205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County 12
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home address (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Fogelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Annie Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1863

8. AGE: Years	Months	Days	If less than one day
84	9	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick C.
13. Birthplace Md.

MOTHER
14. Maiden Name Suganna Pocock
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Location [illegible] JUL 20 1948 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) Date received by Registrar JUL 26 1948 (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948, at 6.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1941 to July 8 1948, and that I last saw him alive on July 8 1948

Immediate cause of death	Duration
Bronchopneumonia, RLL, RML, LLL, organism undetermined	2-3 days
Due to	
Due to	
Other Conditions Arteriosclerotic cardio-vascular disease. (Include pregnancy within 3 months of death)	20 yr.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Stutzman M. D.
Address Balto. City Hosp. Date signed 7-15-48

VS 150

107

C665306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91B

Registered No. C665306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 McCulloh St.
(c) Hospital or institution: 14 + 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wilkins D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1862

8. AGE: Years 75 | Months 11 | Days 10 | If less than one day: hr. min. 72

9. Birthplace Charles City, Va. (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name William C. Page
13. Birthplace Charles City, Va.

MOTHER
14. Maiden Name Martha Ann Jones
15. Birthplace Charles City, Va.

16 (a) Informant Mrs. Amanda Mae Foster
(b) Address 2026 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Gdns.
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Leo. H. Gilland
(b) Address 31 Druid Hill Ave.

19 (a) JUL 28 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1948, to July 22 1948, and that I last saw h.. alive on July 22 1948.

Immediate cause of death: (a) Acute Endocarditis — Duration: 17 days
Due to: Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature C. M. Lawrence M.D.
Address 1023 W. Lanvale St. Date signed 7-26-48

VS 150

G65307

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65307

CERTIFICATE OF DEATH 95B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8228 Long Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George E Abbott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Agnes B Mae Abbott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1901

8. AGE: Years 47 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Wm E Abbott
13. Birthplace Md

MOTHER 14. Maiden Name Isabella N Stout
15. Birthplace Md

16 (a) Informant Wm E Abbott
(b) Address 1828 E 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/48 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location Balto

18 (a) Funeral director Ulbrich Funeral Home
(b) Address 2008 Orleans St

19 JUL 26 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948, to July 24 1948, and that I last saw him alive on July 24 1948

	Duration
Immediate cause of death: Heart Failure	4 da
Due to: Rheumatic Heart Disease	Indefinite
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph J Bevan Jr M.D.

Address Mercy Hospital Date signed 7-29-48

VS 130

G65308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

✓ G65308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 W. 40th St. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME PETER KOLLMAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lena
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) SEPT. 16, 1890

8. AGE: Years 57 | Months 10 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace AUSTRIA (Town, county, and state)

10. Usual Occupation BARBER

11. Industry or business OWN BUSINESS

FATHER
12. Name John Kollman
13. Birthplace Austria

MOTHER
14. Maiden Name Anna
15. Birthplace Austria

16 (a) Informant Mrs. Lena Kollman
(b) Address 1300 W. 40th St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof (month) 7 (day) 27 (year) 48
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director E. D. Luck
(b) Address 530 Harford

19 (a) JUL 26 1948 (Date rec'd by registrar) (b) Remington, Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1948, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1948 to 7-24 1948 and that I last saw h im alive on 7-23 1948.

Immediate cause of death Gangrene of small intestine | Duration

Due to Mesenteric Vascular Occlusion

Due to Saddle thrombus at aortic bifurcation - dissecting aneurysm of iliac arteries

Other Conditions Coronary arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Date of operation 7-21-48

Major findings of operation: Saddle thrombus at iliac junction

of autopsy: Mesenteric vascular occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Krejci M. D.
Address 1400 N. Caroline St. Date signed 7-24-48

VS 150

G65309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G65309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U S Marine Hospital 27 + 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 123 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Hermosa Ave,
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jones, Harold Curtis

3 (b) If veteran, name war	3 (c) Social Security Account No.
VA 1	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	div

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 11, 1889

8. AGE: Years	Months	Days	If less than one day
59	9	12	hr. min.

9. Birthplace Dorchester Co, Md
(Town, county, and state)
10. Usual Occupation now retired
11. Industry or business

FATHER
12. Name Samuel L. Jones
13. Birthplace Md

MOTHER
14. Maiden Name Sally Lee
15 Birthplace Md

16 (a) Informant Records
(b) Address U S Marine Hospital

17 (a) Burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Park

18 (a) Funeral director [illegible]
(b) Address 530 Harford Rd

19 JUL 26 1948 Huntington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jul 23, 1948 19 , at 8:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22, 1948 to Jul 23 1948, and that I last saw him alive on Jul 23, 1948.

Immediate cause of death	Duration
Bronchiogenic carcinoma, left lower lobe with generalized metastasis.	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surg. M. D.
Address U. S. Marine Hospital Date signed Jul 24, 48

VS 150

G65310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84B

Registered No. G65310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: The Seton Institute
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39-5-26
(e) Length of stay in Baltimore (yrs., mos., or days) same as (d)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Arch Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur J. Wilner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 - 6 - 1868

8. AGE: Years 79 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation salesman (unoccupied)

11. Industry or business Religious goods

FATHER
12. Name Isaac Wilner
13. Birthplace Brighton, England

MOTHER
14. Maiden Name Harriet Frances Cale
15. Birthplace Brighton, England

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd., Balto., Md.

17 (a) New Cathedral (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto-Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. F. MOWEN SUC.) 100 N. HOWARD AVENUE

19 (a) JUL 26 1948 (b) Signature for Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1948, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1948, to July 24 1948, and that I last saw him alive on July 24 1948.

Immediate cause of death	Duration
Acute cardio-vascular collapse	2 days
Due to	
Due to	
Other Conditions Schizophrenia — paranoid type (Include pregnancy within 3 months of death)	40 yrs.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dayton P. Hoyer M. D.
Address 3 Weber Ave Date signed

95c

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G65311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G65311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3710 Edmondson Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Edmondson ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie E. Breeden

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph H. Breeden

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1868

8. AGE: Years 79 | Months 8 | Days 25 | If less than one day 2 hr. min.

9. Birthplace Norfolk, Va
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name T. Morgan
13. Birthplace Va

MOTHER
14. Maiden Name Mary Elizabeth (?)
15. Birthplace Va.

16 (a) Informant Mrs. Myrtle E. Melvin
(b) Address 3710 Edmondson Ave (22) (Daughter)

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof Mon. July 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Waco, Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400 E. Charlott Hall 30

19 (a) [illegible] (b) Thurlington Williams, M.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Thurs, July 22 1948, at 6:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7/47 19__, to 7/22/48 19__, and that I last saw h__ alive on 7-21-48 19__

Immediate cause of death
Uremia — Duration 3 days
Due to Arteriosclerosis (Generalized)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry E. Gruber M. D.
Address 203 Dundalk Date signed 7-22-48

X

C-B 10815

G65312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 587

Registered No. G65312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution:
University Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 Ramsay St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Pimeler

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female.	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20-1944

8. AGE: Years	Months	Days	If less than one day
3	11	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none.

FATHER
12. Name George. Pimeler
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Fogerty
15. Birthplace Maryland.

16 (a) Informant Mother.
(b) Address 1341 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-1948 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Pratt & B.M. Welton
(b) Address Pratt & Stricker Sts

19 JUL 26 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1948, to July 24 1948, and that I last saw her alive on July 23 1948.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Rheumatic heart disease	
Due to Acute rheumatic fever.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary dilatation and hypertrophy pulmonary edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Patterson Marsh. M. D.
Address University Hospital Date signed 7-24-48
Lombard and Greene Sts. Balto. Md.

VS 199

X

G65313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

Registered No. G65313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st St. and Wyman Pk. Dr.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town [illegible] Forsyth, Ga
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie M. Lane

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John D. Lane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 1-1878

8. AGE: Years	Months	Days	If less than one day
70	6	23	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse R. Lane
13. Birthplace Ga.

MOTHER
14. Maiden Name Susan Ann Watts
15. Birthplace Ga.

16 (a) Informant Records
(b) Address U. S. Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-48 (month) (day) (year)
(c) Cemetery or crematory Forsyth Cemetery
Location Forsyth, Monroe Co., Ga.

18 (a) Funeral director Chas. T. Evans & Son
(b) Address 116 W. Mt Royal Ave

19 (a) JUL 26 1948 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 48 at 11:19 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul 15 19 48 to Jul 24 19 48 and that I last saw h[illegible] alive on Jul 24, 19 48.

Immediate cause of death Adenoma of pancreas with hypoglycemia — Duration min

Due to

Due to

Other Conditions Pulmonary thrombosis and infarction (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Robertson M. D.
Address Marine Hospital W. C. Robertson Date signed Jul 24 '48

VS 150

G65314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

G65314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3559 Fairfield Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-6
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3559 Fairfield Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theresa A. Toath

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15, 1823

8. AGE: Years 74 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Hungry (town, county, and state)

10. Usual Occupation Retired

11. Industry or business Blacksmith

FATHER
12. Name John Thomas
13. Birthplace Hungry

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungry

16 (a) Informant Theresa A. Thomas
(b) Address 3559 Fairfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem
Location Richie Hwy. Gamb Arundle Co.

18 (a) Funeral director Milton A. Schilling
(b) Address Hanover St & Bristol Ave

19 JUL 26 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1948, to 7/25 1948, and that I last saw h[illegible] alive on 7/24 1948.

Immediate cause of death: Benign hypertrophy of prostate — Duration: 3 y.

Due to:

Due to:

Other Conditions: Bulbar palsy, arteriosclerosis — Duration: 1 wk.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius Toath M. D.

Address 1800 N. Charles St. Date signed 7/27/48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 N. Eutaw St.
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Fornett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F. Myers

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Nellie Ward Myers.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1871

8. AGE: Years 77 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Male Nurse
11. Industry or business

FATHER
12. Name John Myers
13. Birthplace Germany

MOTHER
14. Maiden Name Jane F. Partridge
15. Birthplace Maryland

16 (a) Informant Mrs. Henry W. Rockenspaugh
(b) Address 305 N. Beechwood Ave. Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1948 (month) (day) (year)
(c) Cemetery or crematory Mayo Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by Local Registrar) JUL 26 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1948, at 12:05 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio Respiratory Failure

Due to Cardio Vascular Heart Disease
Senile Arteriosclerosis

Other Conditions Cerebral Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B. Magaddino M.D.
Medical Examiner.
Date signed 7-25-48

G65316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94B

Registered No. G65316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 N. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN A. HENZLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marion K. Henzler
nee Hamlin 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1890

8. AGE: Years	Months	Days	If less than one day
57	9	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Shell Oil Co.

FATHER
12. Name John Henzler
13. Birthplace

MOTHER
14. Maiden Name Bessie Dorsey
15. Birthplace

16 (a) Informant Mrs. Marion Henzler
(b) Address 310 N. Hilton St.

17 (a) Burial (b) Date thereof 7/26/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 26 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948, at 8:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1948 to 7/24 1948, and that I last saw him alive on 7-24 1948.

Immediate cause of death	Duration
Angina Pectoris (Major)	2 hr.
Due to	
Due to	
Other Conditions Myocardial Insufficiency	1 hr.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 7/27/48

VS 153

X

G65317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

G65317 No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Madison Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HATTIE SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife William A Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1894

8. AGE: Years	Months	Days	If less than one day
54	5	27	hr. min.

9. Birthplace Harford County Md.
(Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name James Freshy
13. Birthplace Md

MOTHER
14. Maiden Name Ida Gordon
15. Birthplace Md

16 (a) Informant Ida Hill Silvers
(b) Address 1300 Madison Ave

17 (a) Burial (b) Date thereof July 26/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto County Md

18 (a) Funeral director The Robt. J. Elliott Co
(b) Address 1297 N. Carlton St

19 (a) Date 1948 (b) Registrar

VS 151

MEDICAL CERTIFICATION 45

20. DATE OF DEATH July 22, 1948 at P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured aneurysm of aorta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Frank Ruge M.D.
Medical Examiner.
Date signed July 23, 1948

X

G65318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

✓ G65318 Registered No.

Please write plainly, full information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-17
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice M. Graves

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: late Francis F. Graves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1865.

8. AGE: Years 82 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benedict Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ----------
15. Birthplace Maryland

16 (a) Informant Mrs. Ethel Engel,
(b) Address 320 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/48. (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cemetery
Location St. Mary's County, Md.

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 Edmondson Ave.

19 (a) Date rec'd [illegible] Registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26/48. 19 at 3 22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 48 to 7/26 19 48 and that I last saw h[illegible] alive on 7/25 19 48

	Duration
Immediate cause of death: VISCERAL Cancer Visceral Fr Tumor	1 week
Due to: Arteriosclerotic Cardiovascular Disease	3 yrs
Due to:	
Other Conditions: Pyelitis	3 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. E. ROACH M. D.
Address 3127 E dmondson Date signed 7/28/48

G65319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65319
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: GEORGE E. SWISHER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-14-6082

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna L. Swisher

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 10-4-17

8. AGE: Years 30 | Months 9 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Hagerstown, Maryland (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name John D. Swisher
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Barbara Spade
15. Birthplace Pennsylvania

16 (a) Informant Anna L. Swisher (Wife)
(b) Address Rt. #3 Hagerstown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof J 27 48 (month) (day)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address Hagerstown

JUL 26 1948 (Registered by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948, at 9:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Ruptured liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 23, 1948
(b) Where did injury occur? 1½ mi. s.w. of GlenBurnie
(c) Did injury occur at home, on farm, industrial place, in public place? Highway While at work? No
(d) Means of injury Auto rolled over several times

23. Signature [signature] M.D. Medical Examiner.
Date signed July 24/48

G65320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G65320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.U.A.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles J. Heim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Myrtle A. Heim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1891

8. AGE: Years 57 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Brass Molder

11. Industry or business

FATHER
12. Name Charles J. Heim
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Tillie
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Myrtle A. Heim
(b) Address 1712 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1948 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St.

19 (a) [illegible] Washington Boulevard, Md.
[illegible] 26 1948

VS-151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1948 at 8:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was-primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. S. Gilbert M.D.
Medical Examiner.
Date signed 7/24/48

G65321 BC-C40984 BALTIMORE CITY HEALTH DEPARTMENT ✓ G65321
CERTIFICATE OF DEATH 54 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Spring St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Paige, Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-30-46
8. AGE: Years 2 | Months 5 | Days 25 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business
MOTHER FATHER 12. Name Jesse Paige
13. Birthplace Md
MOTHER 14. Maiden Name Juanita Ayres
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Brooklyn Md
18 (a) Funeral director Elroy O. Wilson
(b) Address 1600 Granby Ave Norfolk, Va
19 (a) JUL 26 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH July 24 1948, at 1 40 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-4- 1948 to 7-24- 1948 and that I last saw h alive on 7-24 1948
Immediate cause of death Cardiac & Resp. Failure — Duration
Due to Brain tumor — over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation July 24, 1948
Major findings of operation (R) Ventricles could not be tapped
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Louis H. Sweet, M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-26-48

V S 150

X

G65322 GARVIN ✓ G65322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 North Carey
(c) Hospital or institution: Good Samaritan Home 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1547 Leslie St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Garvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sidney Garvin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, - 1903

8. AGE: Years: 45 | Months: 2 | Days: 17 | If less than one day: hr. min.

9. Birthplace Winston, N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pierce Ashew
13. Birthplace Springhill N.C.

MOTHER
14. Maiden Name Lizzie Baines.
15. Birthplace Indian Woods, N.C.

16 (a) Informant Sidney Garvin
(b) Address 1547 Leslie St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1948 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Wellington
(b) Address 322 N. Schroeder St.

19 JUL 26 1948 (Date rec'd by registrar) (b) Huntington W. Winston, [illegible]

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948 at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23rd 1948 to 19 ; and that I last saw h alive on 19 .

Immediate cause of death: Ca. of Uterus with metastases — Duration
Due to to bladder and rectum
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis Simpson M. D.
Address 711 N. Carey Street Date signed 7-29-48

X

G65323 GM 104233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No. G65323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Moody

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 2, 1872

8. AGE: Years	Months	Days	If less than one day
76	5	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William
13. Birthplace Mass.

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave
18 (a) Funeral director Lilly & Zitzer
(b) Address 3 E. Lafayette St.
JUL 26 1948
19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 -24- 1948, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3- 1946 to 7-24- 1948, and that I last saw him alive on 7-24- 1948.

Immediate cause of death	Duration
Probable Coronary occlusion or cerebral vascular accident	sudden
Due to Arteriosclerosis, gen and hypertension	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Vinberg
Address Balto City Hosp. Date signed 7/26/48

VS 150

G65324 ✓ G65324

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Mt. Holly St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Cambria
(c) City or town Johnstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Connelly avenue.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** VALENTINE GOMULKA.

3 (b) If veteran, name war

3 (c) Social Security Account No. 171-18-7670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr) Jan. 9, 1885

8. AGE: Years	Months	Days	If less than one day
63	6	16	hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Grocer.
11. Industry or business own business

FATHER
12. Name Frank Gomulka.
13. Birthplace Poland.

MOTHER
14. Maiden Name Mary Laczny.
15. Birthplace Poland.

16 (a) Informant F. X. Sherwin M.D.
(b) Address 1007 Mt. Holly St.

17 (a) Removal (b) Date thereof 07-26-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Johnstown Pa.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

JUL (a) 26 1948 (b)
(Date rec'd by registrar) Registrar

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1948 to 7-24 1948 and that I last saw him alive on 7-24 1948.

Immediate cause of death	Duration
Carcinoma Stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6-30-48
Major findings of operation: Carcinoma Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Gouston M. D.
Address 101 N. Read St Date signed 7/26/48

G65325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 51B

G65325 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write in especially important points. Do not abbreviate. Use no ditto marks.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3514 Walbrook Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
6
(d) Street No. 3514 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Bruce Ashbrook

3 (b) If veteran, name war: --

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife: Ella M. Ashbrook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1860

8. AGE: Years 88 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace Millersburg, Kentucky (Town, county, and state)

10. Usual Occupation Retired Manager--

11. Industry or business Southwestern Broom Co.

FATHER
12. Name Munson Ashbrook
13. Birthplace Kentucky

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. R. S. Cayce
(b) Address 3514 Walbrook Ave.,

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director L. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) (State cause as given by informant) (b) Thereby certify that I attended deceased from Jan 1944 to July 24 1948 Registrar

VS 150

MEDICAL CERTIFICATION 10.30

20. DATE OF DEATH July 24, 1948, at 5. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944 to July 24 1948, and that I last saw him alive on July 22 1948.

Immediate cause of death
(1) Carcinomatosis — Duration 3 mo
(2) Pathological fracture of pelvis
Due to Carcinoma of Prostate — 7
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence July 24 at 5 P. M
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edwin Muller, M. D.
Address 2 W Read St Date signed July 26 1948

Dr. Wm. H. Kemmer, Jr. by
Howard J. Maldeis, M. D.

G655326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G655326

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto. Gen. Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 St. Ambrose Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Abate

3 (b) If veteran, name war --

3 (c) Social Security Account No. 214-03-4179

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Josephine Abate

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1884

8. AGE: Years	Months	Days	If less than one day
64	5	18	....hr. ....min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Refiner,

11. Industry or business Elect. Insulation Industry

FATHER
12. Name Nicholas Abate,
13. Birthplace Italy,

MOTHER
14. Maiden Name Audelia Tamburo,
15. Birthplace Italy.

16 (a) Informant Mrs. Josephine Abate,
(b) Address 3427 St. Ambrose Ave.

17 (a) burial (b) Date thereof 7/27/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) [illegible] (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1948 at 10 50 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~An~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cardio Respiratory failure

Due to Hypertensive Cardiovascular Disease

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. McFadden M.D.
Medical Examiner.
Date signed 7-24-48

VS 181

935

G65327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 66 B

G65327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826 Gough St.
(c) Hospital or institution: 2-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Gough St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE KRUG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John Krug
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 9, 1876

8. AGE: Years 71 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Phillip Darnstead
13. Birthplace Germany

MOTHER
14. Maiden Name Regena Bartholonee
15. Birthplace Germany

16 (a) Informant Catherine Smeton
(b) Address 136 Rochester Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly and Zeiler, Inc.
(b) Address 103 S. Wolfe St.

19 (a) JUL 26 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/ 1948, at 7:a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 19 to July 25 19 48, and that I last saw h.r. alive on July 25 1948.

Immediate cause of death: acute cardiac failure — Duration: 48 hrs.

Due to: Hypertensive ulcers of both lower extremities — 1 yr.

Due to: Obesity

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. D. Lyttle M. D.

Address 1322 E. Pratt St. Date signed 7/26/48

G65328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65328 Registered No. 931

Please write the causes of death clearly and legibly. Typewriting is preferred.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapel Gate Lane
(c) Hospital or institution: Ventnour Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Milford Mill Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: JAMES MONTGOMERY RICHMOND, SR.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 228-12-9935

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: May S. Richmond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 5, 1866

8. AGE: Years 81 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name Samuel White Richmond
13. Birthplace Ireland

MOTHER
14. Maiden Name Eliza Jane Montgomery
15. Birthplace Ireland

16 (a) Informant Mr. James Montgomery Richmond, J
(b) Address 4201 Milford Mill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 26 1948 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948 to July 24 1948, and that I last saw h[illegible] alive on July 23 1948.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	1 week
Due to: Arteriosclerotic Cardiovascular, & Myocarditis	2 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address 133 W. Jarrad St. Date signed July 26, 1948

X

G65329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1147

Registered No. G65329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Virginia Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27/16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Virginia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: OTIS L. UHLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: C. Louise Uhler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 26, 1879
8. AGE: Years 68 | Months 8 | Days 29 | If less than one day hr. min.
9. Birthplace Emmittsburg, Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Jacob H. Uhler
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Mary Shorb
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. C. Louise Uhler
(b) Address 3419 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 26 1948 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948 to July 25 1948, and that I last saw ... alive on July 23 1948.

Immediate cause of death: Lung abscess — Duration 3 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua H. Armagost M.D.
Address 6419 Windsor Mill Rd Date signed July 26 1948
Baltimore 7 Md

VS. 150

G65330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G65330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland St. & Raynes Ave.
(c) Hospital or institution: West Baltimore General Hospital 20-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 W. Fairmount Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna A. Carle

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife George W. Carle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) April 7, 1887
8. AGE: Years 61 Months 3 Days 19 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John E. Strickler
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Poulton
15. Birthplace Maryland

16 (a) Informant George W. Carle
(b) Address 2706 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2701 Frederick Avenue

19 (a) July 27 1948 (b) Received by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1948 to July 26 1948 and that I last saw h[illegible] alive on July 26 1948.

Immediate cause of death Myocardial Infarction — Duration

Due to Arteriosclerotic Coronary Artery Disease — 1 year

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel L. Silverstein, M.D.
Address West Balto Gen. Hosp. Date signed July 26 '48

94a

65331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G65331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2552 N Lombard St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida M. Hornung

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Hornung

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2. 1864

8. AGE: Years 84 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER 12. Name Henry Diffenderfer

13. Birthplace Maryland

MOTHER 14. Maiden Name Katherine Evans

15. Birthplace Md

16 (a) Informant Hazel Hornung

(b) Address 2552 N Lombard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director William Gorsuch

(b) Address 217 E Eager St

19 (a) JUL 27 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948 at 1.40 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cardiac Failure

Due to Arteriosclerosis Generalized

Other Conditions Fracture Neck Right Femur.

(Include pregnancy within 3 months of death)

22. ~~If an external cause was primary ☐ or contributing ☐~~ cause of death, fill in the following: 20/4

(a) Date of injury July 14 at M

(b) Where did injury occur? 2552 N Lombard St

(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?

(d) Means of injury fell in bad rooms

23. Signature Robert B McFadden M.D. Medical Examiner.

Date signed 7-26-48

VS 191

665332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. 665332

Please write the causes of death clearly and legibly. Physicians: please write correct age if specially important. Do not use abbreviations.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 N Carey ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 N Carey ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian G. Getz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2635

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gertha E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1882

8. AGE: Years 65 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Shipyard Bros

FATHER 12. Name Conrad Getz

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret Ott

15. Birthplace Germany

16 (a) Informant Mrs Gertha E Getz

(b) Address 1202 N Carey ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Baltimore MD

18 (a) Funeral director Wilson Bros

(b) Address 1517 E Pratt ST

19 JUL 27 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 Jan 1948 to 24 July 1948, and that I last saw h[illegible] alive on 24 July 1948.

Immediate cause of death Carcinoma Larynx — Duration 7 months

Due to

Due to

Other Conditions Marasmus INANITION

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.

Address 1513 N. Milton Ave Date signed 26 July 48

V S 150

65333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G65333

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20
(c) Hospital or institution: Hosp. Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 West Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mary Ella Jackson

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John Jackson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1901

8. AGE: Years 46 | Months 10 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Mattoon - Illinois (Town, county, and state)
10. Usual Occupation House keeper
11. Industry or business .....

FATHER
12. Name Washington Biggs
13. Birthplace Virginia

MOTHER
14. Maiden Name Jessie Heath
15. Birthplace Illinois

16 (a) Informant Mr. J. Stinnett
(b) Address 2204 W. Fairmount Ave

17. Final (Burial, cremation, or removal) (b) Date thereof 7/27/48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1314 W. Pratt St

JUL 27 1948 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948, to July 23 1948, and that I last saw her alive on July 23 1948.

Immediate cause of death	Duration
Cerebrovascular Accident	
Due to Hypertensive Cardiovascular Disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Marion H. Stephenson Jr. M. D.
Address Hosp. Women Md. Date signed July 27 1948

VS 150

93D

65334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G65334

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Mae Fetrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harland

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2-7-97

8. AGE: 51 Years | 5 Months | 21 Days | 19 If less than one day hr. min.

9. Birthplace Pa, Scranton
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Lawrence Wren

13. Birthplace Pa

MOTHER 14. Maiden Name Catherine Langlan

15 Birthplace Ireland

16 (a) Informant JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (b) Date thereof 7-30-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Scranton, Pa

18 (a) Funeral director Leonard L. Luck

(b) Address 530 E Hanford Rd.

(c)

JUL 27 1948
(Date rec'd by registrar)

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1948 at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10-48 to 7-26 1948, and that I last saw her alive on 7-26 1948.

Immediate cause of death: Uremia

Due to: Carcinoma of Cervix

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

Duration: for 1947 / 1 / July 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Kirk Jr. M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 7-26-48

Dr. Zimmermann
2858 Harford Road

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Register's No. G65335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3612 Mary Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Mary Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Theresa Krach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Jacob Krach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1879

8. AGE: Years 68 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace: Austria (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Peter Schlauch
13. Birthplace: Austria

MOTHER
14. Maiden Name: Theresa
15. Birthplace: Austria

16 (a) Informant: Mrs. Barbara Benesch
(b) Address: 3612 Mary Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Baltimore Co

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road #14

19 (a) Date received by Local Registrar: JUL 27 1948

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1948, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1948 to July 24 1948, and that I last saw her alive on July 24 1948

Immediate cause of death	Duration
Cerebral Hemorrhage	9 days
Due to Arterio Sclerosis	10 yrs
High Blood Pressure	
Due to Bright's Disease	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. H. Zimmermann M. D.
Address 2858 Harford Rd Date signed 7/29/48

Please fill out the causes of death clearly and legibly. Physicians: please write the

BC-48-15181

665336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160a

Registered No. 665336

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution Mercy Hosp. 27-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Evergreen Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susanne Ritzel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1948

8. AGE: Years	Months	Days	If less than one day
—	—	9	hr. min.

9. Birthplace Balto., MD. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Peter A Ritzel
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Balto MD

16 (a) Informant Peter A Ritzel
(b) Address 2806 Evergreen Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto
18 (a) Funeral director L. J. Luck
(b) Address 6305 Belmont Rd.

JUL 27 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1948 to July 26 1948 and that I last saw her alive on July 26 1948.

Immediate cause of death	Cerebral Hemorrhage	Duration 9 days
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. Enson M. D.
Address Mercy Hosp Date signed 7/26/48

65337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G65337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Eagle St
(c) Hospital or institution: 20[illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Eagle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Golombek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Palestine (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Joseph Golombek
(b) Address 2027 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory United Hebrew
Location Washington Boulevard

18 (a) Funeral director Jack Lewis Inc
(b) Address 2600 Eutaw Place

19 (a) JUL 27 1948 (Date rec'd by registrar) (b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1948 at 7:21 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1948 to 7/26 1948 and that I last saw h[illegible] alive on 7/26 1948

Immediate cause of death Carcinoma of breast | Duration 6 mos

Due to

Due to

Other Conditions Chronic - | Duration 5 days

(Include pregnancy within 3 months of death)

Date of operation 3/3/48

Major findings of operation Carcinoma of breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M.D.

Address 1076 Wilkens Date signed 7/26/48

avt x

665338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

665338 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as especially important. The correct age is a necessary supplies.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1881

8. AGE: Years	Months	Days	If less than one day
67	6	5	hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Thomas Parran
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs. Emma Kelley
(b) Address 1228 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 27 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 23 1948, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 14 1947 to March 23 1948, and that I last saw h er alive on March 23 1948.

Immediate cause of death	Duration
Congestive heart failure	10 mins.
Due to Hypertensive Cardio - vascular disease	15 years
Due to	
Other Conditions Arteriosclerosis, Generalized (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B DeHoff
Address 2020 N Charles St Date signed July 24 1948

VS 150

Washington Williams, MD

John B DeHoff

65339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65339
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital 17-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 Penna. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fitzhugh Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Fitzhugh Hall
13. Birthplace Va.

MOTHER
14. Maiden Name Frances A. Royal
15. Birthplace Va

16 (a) Informant Mr. Albert Hall
(b) Address 1008 Mosher St.

17 (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location Balto Co. Md.

18 (a) Funeral director Mrs Frances L. Kennedy
(b) Address 578 W. Biddle St.

19 JUL 27 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 1:25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Myocardial Degeneration.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L. Royer M.D.
Medical Examiner.
Date signed July 24/48

VS 151

665340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

665340 Registered No. 131B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VOLNEY BRICKHOUSE (BROOKHOUSE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1917

8. AGE: Years	Months	Days	If less than one day
31	6	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charlie Fatherley
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Brickhouse
15. Birthplace Va

16 (a) Informant Mrs Geraldine Banks
(b) Address 614 W Mulberry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-27-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hensley
(b) Address 548 W. Fitzsimmons St

19 JUL 27 1948 Date rec'd by registrar Hunting for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1948 to 7-23 1948, and that I last saw h alive on July 23 1948.

Immediate cause of death	Duration
C-R Failure	
Due to Uremia	
Due to Chronic glomerular nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Asher Goldenheimer M. D.
Address University Hosp Date signed 7-25-48

VS 150

55341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

Registration No. 65341

Please write the causes of death clearly and legibly. Physicians: please write age if expectancy important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Mosher Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lettie Britto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Antonio Britto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1893

8. AGE: Years	Months	Days	If less than one day
55	2	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Moorly
13. Birthplace Md.

MOTHER
14. Maiden Name Louise ?
15. Birthplace Md.

16 (a) Informant Mr. Antonio Britto
(b) Address 701 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUL 27 1948 (a) Date rec'd by registrar (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948, at 2P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1948 to July 23 1948. and that I last saw her alive on July 22 1948.

Immediate cause of death	Duration
PARENCHYMATOUS Chronic Pancreatitis Nephritis	8 yr
Due to 1/2 generalized Anasarca ANASARCA	
Due to	
Other Conditions Cardio Vascular disease & Marked Hypertension (Include pregnancy within 3 months of death)	Complete

Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L. Young M.D.
Address 1429 E. Monument Date signed 7/24/48

G665342

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 94a

Registered No. G665342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3445 Kenyon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3445 Kenyon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn S. Mc Claskey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Wm. D. Mc Claskey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1904

8. AGE: Years	Months	Days	If less than one day
44	4	-	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Henry Orndorf
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ella Buddy
15. Birthplace Pennsylvania

16 (a) Informant Mrs. W. D. Mc Claskey
(b) Address 3445 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cathedral
Location Balto

18 (a) Funeral director Jos. J. Herr & Son
(b) Address 3001 Eutaw Ave

19 JUL 27 1948 (Date Rec'd by Registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948 at 10:30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema due to coronary artery disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Carl H. Kaye M.D.
Medical Examiner
Date signed 7-27-48

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

665343 3276 51 /49D Registered No. 665343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimare, (If outside city or town limits, write RURAL and give town)
(d) Street No. 5228 York, Road, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda D Koehler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Theodore Koehler

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 3-14-76

8. AGE: Years 72 | Months 4 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housef.

11. Industry or business

FATHER 12. Name Ferdinand Trentkamp

13. Birthplace Germany

MOTHER 14. Maiden Name Marie Kotteray

15 Birthplace Germany

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL 29

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July [illegible]-48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director [illegible] Sons

(b) Address 3001 Pantucky ave

19 JUL 27 1948 (Registered by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July -25- 1948, at 4 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18- 1948 to 7-25- 1948, and that I last saw her alive on 7-26- 1948

Immediate cause of death: Carcinoma of Vulva — Duration: 6 months

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation 12-2-48

Major findings of operation: metastases to inguinal nodes

of autopsy: Inguinal nodes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John H. Angell M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

V S 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Kirk Ave
(c) Hospital or institution: ***
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7 **
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Kirk Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Maud Tucker.

3 (b) If veteran, name war ***
3 (c) Social Security Account No. ***

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Percy H Tucker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 17, 1880
8. AGE: Years 68 | Months 4 | Days 8 | If less than one day ... hr. ... min.
9. Birthplace: Mathews Co Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: James Williams
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Sarah E Green
15. Birthplace: Virginia

16 (a) Informant: Percy H Tucker (Husband)
(b) Address: 2815 Kirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1948 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location: Taylor Ave Parkville Balto Co

18 (a) Funeral director: J Melville Jenkins
(b) Address: 2713 Kirk Ave

19 JUL 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 July 1948 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2 April 1946 to 25 July 1948, and that I last saw h[illegible] alive on 25 July 1948.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day.
Due to: Arteriosclerotic Cardio Vascular Disease — April 1946
Due to: Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Chas W. Edmonds M.D.
Address 2746 The Alameda Date signed July 29 48

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

Registered No. G65345

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lake Drive near Linden Ave. Alhambra Apts.

(c) Hospital or institution: 131

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Alhambra (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME MORRIS REINACH.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Theresa S. Reinach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1873

8. AGE: Years 74 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace Petersburg, Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Morris Reinach,

13. Birthplace Germany.

MOTHER 14. Maiden Name Augusta Samuels,

15. Birthplace Unknown.

16 (a) Informant Mrs. Theresa S. Reinach,

(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director [illegible]

(b) Address 1902 Eutaw Place.

19 (a) JUL 27 1948 (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 26th. 1948, at 6.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948 to July 26 1948, and that I last saw him alive on July 25 1948.

Immediate cause of death: Pneumonia — Duration: 3 days

Due to: Hypostatic congestion — 1 week

Due to: Hemiplegia — 2 years

Other Conditions: Hyper Tension — ? years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. A. Silver M. D.

Address Temple Garden Apts. Date signed

A. A. Silver X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G65346

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 524 N. Gilmor St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 524 N. Gilmor St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Harriett Prettyman.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Andrew Prettyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1861

8. AGE: Years 86 | Months 11 | Days 22 | If less than one day: hr. min.

9. Birthplace Howard County Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Charles Dorsey.

13. Birthplace Howard Co. Md.

MOTHER

14. Maiden Name Margaret Parker.

15. Birthplace Howard Co. Md.

16. (a) Informant Reba Hopkins

(b) Address 524 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (month) (day) (year)

(c) Cemetery or crematory Goshen

Location Howard County Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St. Huntingtown Maryland

JUL 27 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1948 to 7/24 1948.

and that I last saw h.e alive on 7/24 1948.

Immediate cause of death

Cerebro-Renal

Due to

Due to

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7 hrs
22 dys

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. N. Heetebrix M. D.

Address 1 r r 8 Park Date signed 7/24/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65347 E.J.A. 120811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G65347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Yrs.

25-52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Denham Circle Cherry Hill
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Forest (George H. Forrest)

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-2301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	W.

6 (b) Name of husband or wife Mary Forest (D(
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct. 27, 1875

8. AGE: Years	Months	Days	If less than one day
72	8	28	hr. min.

9. Birthplace Md. (Town, county, or state)
10. Usual Occupation Porter (Retired)
11. Industry or business

FATHER
12. Name Billy Forest
13. Birthplace Md.

MOTHER
14. Maiden Name Salina Wood
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Robert L. Gough
18 (a) Funeral director
(b) Address 1216 N. Caroline St
19 (a) JUL 27 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS. 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948 at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1948 to July 24 1948, and that I last saw him alive on July 24 1948.

Immediate cause of death (?) C V A — Duration 5 mins

Due to A S C V D — yrs

Due to PROSTATIC — mos

Other Conditions CA of prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon Craft M. D.
Address Balt. City Hosps Date signed 7/29/48

937

65348

GM. 110149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146a

Registered No. G65348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 29-19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5617 Reisterstown RD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edward John Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Marie Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 13- 1875

8. AGE: Years	Months	Days	If less than one day
73	-	13	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Adolph Wagner
13. Birthplace Austria

14. Maiden Name Thresea Herring
15. Birthplace Austria

16 (a) Informant Records B lto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Dill. Bros.
(b) Address 3109 Fredk. Ave.

(a) JUL 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 26 - 1948, at 2.40A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4- 23 - 1947 to 7- 26 1948, and that I last saw him alive on 7- 26 - 1948.

	Duration
Immediate cause of death Bilateral Bronchopneumonia	3-4 days
Due to Carcinoma, oesophagus	?
Due to Bronchopneumonia, Lobar, Left Lung	
Due to Arteriosclerosis	
Other Conditions Hypertensive Cardio Vascular disease	

(Include pregnancy within 3 months of death)

Date of operation 6/11/48

Major findings of operation: Metastatic Cancer of Left Lung

of autopsy: 7/26/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Wagner M. D.
Address Balto. City Hosp. Date signed 7/26/48

G65349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

G65349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 241-36-2505

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Belle

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr) 8-8-03

8. AGE: Years 44 | Months 11 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Jones

13. Birthplace N. C

MOTHER 14. Maiden Name Emma Wright

15 Birthplace N.C.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 29, 1948 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. County Md.

18 (a) Funeral director Robert E. Williams

(b) Address 1515 Mc Elderry St.

19 (a) JUL 27 1948 (Date received by registrar) (b) Huntington Woods Md (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/1948, at 9.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25-1948 to 7-25-1948 and that I last saw h[illegible] alive on 7-25-1948.

Immediate cause of death Dissecting aneurysm of aorta — Duration 6 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Hemiperi Cardium

of autopsy Dissecting aortic aneurysm - Ruptured

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ... at ... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D.D. Jackson M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 7/26/48

G65350/1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193E

Registered No. G65350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Mc Elderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zachariah Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8220

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1888

8. AGE: Years 60 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation porter

11. Industry or business

FATHER 12. Name Zachariah Brown
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Clara
15. Birthplace Balto Co Md

16 (a) Informant Mrs Martha Brown
(b) Address 1613 Mc Elderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md

18 (a) Funeral director Pulaski Williams
(b) Address 515 Mc Elderry St

1948 JUL 27 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948 at 1030 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1948 to July 23 1948, and that I last saw him alive on July 23 1948.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Cardiac Decompensation

Due to Myocarditis

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 522 N. Broadway Date signed 7/28/48

VS 150

Every item of information should be carefully supplied. Where age is especially important. Physicians: please write the causes of death clearly and legibly

G65351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 175c

Registered No. G65351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Pikesville Stevenson
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mr. Richard Lawrence Parks Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. Anna L. Parks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1873

8. AGE: Years 74 | Months 8 | Days 3 | If less than one day — hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER 12. Name Durbin Parks

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Musgrove

15. Birthplace Maryland

16 (a) Informant wife

(b) Address Stevenson Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1948 (month) (day) (year)

(c) Cemetery or crematory Poplar Grove

Location Warren, Md.

18 (a) Funeral director Wm. B. Grayman Sons

(b) Address Reisterstown, Md.

19 JUL 27 1948 (Date received by registrar) (b) Huntington W. Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1948 at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1948, to 7-25 1948, and that I last saw him alive on 7-25 1948

Immediate cause of death	Duration
Respiratory failure	
Due to Intracranial injury	8 d.
Due to Accidental Injury by Fall	8 d.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-21-48

Major findings of operation: Trephine — no abnormality seen.

of autopsy: 7-25-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 17 at — PM
(c) Where did injury occur? Madison Ave, Balto., Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? Yes
(Specify type of place)
(e) Means of injury Fall from hay loft

23. Signature James McC. Feeney M. D.

Address Union Memorial Hospital Date signed 7-25-48

For Dr. C. J. Zebrowski by Howard J. Malone, M. D.

G65352

GM. 121445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

G65352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave,
(c) Hospital or institution: Baltimore City Hospitals 15-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 79 Yrs,

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Elgin Ave. Z 16 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lila E. Rogers

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 6- 1861

8. AGE: Years	Months	Days	If less than one day
86	10	20	hr. min.

9. Birthplace VA. (Nutsville) (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. Edward Rogers
13. Birthplace VA.

MOTHER
14. Maiden Name Laura E. Carpenter
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospital
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 193

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 26 - 1948 at 2,25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 21-1948 to 7- 26 -1948 and that I last saw her alive on 7- 26 - 1948.

Immediate cause of death Bilat Bronchopneumonia — Duration

Due to Chronic passive congestion & Cardiac hypertrophy

Due to fracture neck & femur

Other Conditions & pyonephrosis

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operation:

of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/7
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-26-48 at M
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? -
(e) Means of injury: Fell down stairs in boat

23. Signature C. A. Pitchford M. D.
Address 4940 Eastern Ave Date signed 7-26-48

To be signed by Physician or Examiner
Howard J. Weedon, M.D.

G65353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St + Linden ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 16 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 Edmonson Ave # 23 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina C. Hahn Mattheiss

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: Theodore H. Mattheiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1888

8. AGE: Years 59 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John J. Hahn
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Charlotte Wiedey
15. Birthplace Balto., Md.

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm J. Tichner & Sons
(b) Address North Pa. Ave., Balto., Md.

19 JUL 27 1948 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 1031 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1948 to 7/26 1948 and that I last saw her alive on 7/26 1948.

	Duration
Immediate cause of death: Uremia	8 days
Due to: Pyohydronephrosis, L atrophic Rt Kidney	8 months 5 years
Due to: Renal calculi	
Other Conditions: acute + chronic passive Congestion Cholelithiasis (Include pregnancy within 3 months of death)	8 days +

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marguerite Louise Candler M. D.
Address Maryland Gen'l Hosp. Date signed 7/26/48

55354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 Riggs Ave.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** CARRIE A. TATE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Robert R. Tate, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 6, 1878

8. AGE: Years	Months	Days	If less than one day
70	3	18	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sommerlock
13. Birthplace

MOTHER
14. Maiden Name Caroline Laib
15. Birthplace Md.

16 (a) Informant Mr. Robert L. Tate, Jr.
(b) Address 2826 Riggs Ave.

17 (a) Burial (b) Date thereof 7/28/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUL 27 1948 (b) Huntington Williams, MD
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948 at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1946 to 7-24 1948, and that I last saw h alive on 7-24 1948.

Immediate cause of death Coronary Thrombosis — Duration 3 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon Ashman M. D.
Address 120 E Pyles Lane Date signed 7-26-48

VS 150

X

65355 ID 121171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G65355 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 12-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1875

8. AGE: Years	Months	Days	If less than one day
73	3	4	hr. min.

9. Birthplace Indiana
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter
13. Birthplace ?

MOTHER
14. Maiden Name Mary Labley
15. Birthplace Indiana

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1948 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Libertytown

18 (a) Funeral director E C Barton
(b) Address Walkersville Md

19 (a) JUL 27 1948 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27- 1948, at 2:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11- 1948 to 7-27- 1948, and that I last saw her alive on 7-27- 1948.

Immediate cause of death Cardio-Vascular accident; Bronch-pneumonia — Duration 16 days

Due to Hypertension Cardio-Vascular disease

Due to

Other Conditions Fractured neck of fem. rt. fem.
(Include pregnancy within 3 months of death)

Date of operation 7/12/48

Major findings of operation: Fractured neck of rt. femur

of autopsy: no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/5
(a) Accident, ~~suicide, or homicide~~
(b) Date of occurrence 7/11/48 at ? M
(c) Where did injury occur? Balt. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall to floor

23. Signature E J Mundy M. D.

Address Balto. City Hosp. Date signed 7/27/48

For O'K S. Hofmeister, by Howard S. Madden, M.D.

665356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. G665356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp., Balto., Md. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Springdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Stanley A. Ginsburgh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Shoshana
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1907

8. AGE: Years	Months	Days	If less than one day
41	4	11	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business Executive Director

FATHER
12. Name Rev C. J. Ginsburgh
13. Birthplace Poland

MOTHER
14. Maiden Name Noama ?
15. Birthplace Poland

16 (a) Informant Mrs Shoshana Ginsburgh
(b) Address 3710 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1948 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) Date rec'd 1948 (b) [illegible] (Registrar) [illegible] M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1948 to July 26 1948 and that I last saw h[illegible] alive on July 26 1948

Immediate cause of death: Cerebral Hemorrhage, Hemorrhage Subarachnoid Hemorrhage — Duration -
Due to Intracranial aneurysm
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation July 26, 1948
Major findings of operation: /
of autopsy: Hemorrhage of middle cerebral a. on Lt.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Lee N. Kaston M.D. M. D.
Address Sinai Hospital Date signed 7/26/48

X

G65357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Bukeland St.
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry T. Owings

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W.W. 1	212-28-3001	Male	White	Married

6 (b) Name of husband or wife Lorretta G. Owings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1896

8. AGE: Years	Months	Days	If less than one day
51	7	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business A.& P. Tea Co.

FATHER
12. Name Thomas H. Owings
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hester Virginia Hatfield
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lorretta G. Owings
(b) Address 1501 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

19 JUL 27 1948 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26-48 1948, at 4:59 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory

Due to Cerebro vascular accident due to Hypertensive Cardio Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B. Mesadieu M.D. Medical Examiner.
Date signed 7-27-48

VS 181

BC-48-15131 BALTIMORE CITY HEALTH DEPARTMENT G665358

G665358 -HARVEY- CERTIFICATE OF DEATH 119a Registered No. G665358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514- Druid
(c) Hospital or institution: Provident 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/17/48

8. AGE: Years — | Months — | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name David W. Harvey

13. Birthplace Memphis, Tenn.

MOTHER 14. Maiden Name Charlotte Kezer

15. Birthplace Sparrows Point, Md.

16 (a) Informant David W. Harvey

(b) Address 1918 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Baltimore Co

18 (a) Funeral director Mrs. George F. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) JUL 27 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1948, at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1948, to 7-26- 1948, and that I last saw h[illegible] alive on 7-26- 1948

Immediate cause of death Drawing of the newborn — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bradley M.D.

Address 1514 Druid Hill Ave Date signed 7-27-48

VS 150

Please write the causes of death clearly and legibly. Physicians: please write. Correct age is especially important.

G65359 — Melchor — G65359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

Please write the causes of death clearly and legibly. The correct age is especially important: Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Dolphin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Dolphin
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Francis Isabel Melchor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Reisterstown, Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Thompson
15. Birthplace

16 (a) Informant Melvin W. Melchor
(b) Address 708 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Baltimore

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Dolphin Druid Hill Ave

19 (a) JUL 27 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1948 at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1947 to 26 July 1948. and that I last saw her alive on 25 July 1948.

Immediate cause of death	Duration
Cardio Vascular Renal	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M. Lebenzon M.D.

Address 1218 Madison Ave Date signed 26 July 48

G65360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. G65360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Barnes St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Barnes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Knight

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1907

8. AGE: Years: 40 | Months: 9 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Surry County Va
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Mondosier Bailey
13. Birthplace: Va

MOTHER
14. Maiden Name: Martha ?
15. Birthplace: Va

16 (a) Informant: Robert L. Knight
(b) Address: 1720 Barnes St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 28/48 (month) (day) (year)
(c) Cemetery or crematory
Location: Waverly Va.

18 (a) Funeral director: Mrs. Pott A. Elliott Dft
(b) Address: 1129 N. Carrollton St

19 JUL 27 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 48 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 19 48 to July 25 19 48, and that I last saw h e alive on July 25 19 48.

Immediate cause of death
Bronchopneumonia — Duration 3 days

Due to Carcinoma — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert L. Lefevre M.D.
Address 622 N Broadway Date signed 7/26/48

VS 150

G65361

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65361
Registered No.

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Lafayette Ave.
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta G. Devese

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Isaac F. Devese
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) January 23, 1883

8. AGE: Years 65 | Months 6 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Woodlawn, Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles F. Grabb
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Stanley F. Devese
(b) Address Dogwood Rd., Woodlawn

17 (a) Burial (b) Date thereof July 29, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director Miller Lawrence
(b) Address 4610 Liberty Heights Ave.

19. Filed JUL 29 1948 (b) Registrar Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1948, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1948 to 7-25 1948 and that I last saw h[illegible] alive on 7-25 1948.

Immediate cause of death: Pulmonary Embolism — Duration
Due to: Post operative t.o. or
Due to: Appendectomy
Other Conditions: Norcosines
(Include pregnancy within 3 months of death)
Date of operation 7-21-48
Major findings of operation: Ruptured appendix & peritonitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W W Bindeman M.D.
M. D.
Address WBGH Date signed 7-25-48

X

G65362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30D

✓ G65362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 E. 25th St. D.O.A
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Owen Sheelin

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex M

5. Color or race W

6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband~~ or wife Margaret Walsh Sheelin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1876

8. AGE: Years 72 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Owen Sheelin
13. Birthplace Ireland

MOTHER
14. Maiden Name Winifred Kernan
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Romm
(b) Address 613 Hollen Rd #12

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director Wm. J. Ficker & Sons
(b) Address North & Ave.

19 (a) JUL 27 1948 (Date rec'd by registrar) (b) Huntington Ave Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1948, at 6.55 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. disease

Due to:

Other Conditions Abdominal aortic aneurysm
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sulmke M.D.
Medical Examiner.
Date signed 7/26/48

VS 151

937

G65363

G65363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G65363

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 C. Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bischoff, Minnie

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Fe
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mr. Bischoff
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Dec 12 1863
8. AGE: Years 84 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.
9. Birthplace: Iowa (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Mr. Barnett Armstrong
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Miss Mary Brown
15. Birthplace: Penna

16 (a) Informant: Mrs. James Armstrong
(b) Address: 711 C. Street. Sparrows Point Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory: Aspen Grove
Location: Burlington Iowa

18 (a) Funeral director: Wm. J. Tiesner & Sons
(b) Address: North & Pa. Ave. Burlington Williams, Md.

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 1:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1948, to July 27 1948, and that I last saw her alive on July 27 1948.

Immediate cause of death	Duration
Cardiac failure	
Arteriosclerotic Heart Disease	
Cerebral Arteriosclerosis	
Due to: Cerebral Hemorrhage	
Hemiplegia Left Side	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Dr. Murphy
Address: Church Home Date signed: 7/27/48 M.D.

VS 150

G65364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G65364

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & 31st Sts.
(c) Hospital or institution:
Homewood Apartments 12 - 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. Charles & 31st Sts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Talbot Page

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~Xxxx~~ James Page
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30th 1864

8. AGE: Years	Months	Days	If less than one day
83	11	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas M. Dukehart
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ann Cox Krebs
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Morton McIlvain Dukehart
(b) Address 419 Woodlawn Road

17 (a) Removal (b) Date thereof July 28-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~Xxxxxxx~~ St. Auburn
Location Cambridge, Mass.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

19 (a) JUL 27 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th 1948, at 1223 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1st 1947, to July 26th 1948, and that I last saw h.. alive on July 26th 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	six months
Due to Arteriosclerosis	2 years
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Chatard
Address 1300 N. Calvert St. Date signed 7-27-48 M.D.

VS 150

X

G65365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Glenmore Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Glenmore Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN MICHAEL PILKER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-09-4542

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A. Kroch
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) August 13, 1872
8. AGE: Years 75 | Months 11 | Days 13 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Marine Blacksmith
11. Industry or business Beth. Steel., Key Hwy.

FATHER
12. Name John Pilker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amanda Ashby
15. Birthplace Va.

16 (a) Informant Mrs. Mary A. Pilker
(b) Address 3200 Glenmore Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Md.
18 (a) Funeral director HENRY SANDER & SONS, INC
(b) Address NORTH AVE. & BROADWAY
19 (a) JUL 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 6 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1948 to July 25 1948 and that I last saw h[illegible] alive on July 25th 48.

Immediate cause of death	Duration
Cardiac failure	
Due to Myocardial Infarction	
Due to Coronary Thrombosis	
Other Conditions Coronary artery disease	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas L. Brennan M. D.
Address 5217 Harford Road Date signed 7-26-48

X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65366 Registered No.

GN. 120869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 30-35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Wolf ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1903

8. AGE: Years	Months	Days	If less than one day
45	-	19	hr. min.

9. Birthplace VA. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Brooklyn, Md.

18 (a) Funeral director Elroy O. Watson
(b) Address 6000 Bentley Rd

19 (a) JUL 27 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 23 - 1948, at 4.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7 - 1-1948, to 7 -23 -1948, and that I last saw him alive on 7 - 23- 1948

Immediate cause of death Bronchopneumonia — Duration 3 days.

Due to Arteriosclerotic heart disease & failure and chronic nephritis, pulmonary tuberculosis

Other Conditions Cerebral Thrombosis or embolism & hemiparesis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David N. Hearne M. D.
Address Balto City Hosp Date signed 7-25-48

X

665367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G665367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) all Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Barnes St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Doles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1931

8. AGE: Years 17 | Months | Days | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Jackson Doles
13. Birthplace Jackson N. C.

MOTHER
14. Maiden Name Fannie Faulk
15. Birthplace Greenville N. C.

16 (a) Informant Fannie Doles
(b) Address 609 Barnes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn Md

18 (a) Funeral director Elroy D Wilson
(b) Address 1100 Bentley ave

19 (a) JUL 27 1948 (Date rec'd by registrar) (b) Huntington Ave Balto, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1948, at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to drowning
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/26/48 at 2:15 P.M.
(b) Where did injury occur? Patapsco River, Anne Arundel Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO
(d) Means of injury Recovered from Balto. Harbor

23. Signature Howard J. Thuesen M.D. (Medical Examiner.)
Date signed 7/27/48

VS 151

Write the causes of death clearly and legibly.

G65368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. 665368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital 3-B
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1159 E. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE WALKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1931

8. AGE: Years 17 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Balto. md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Walker
13. Birthplace Georgia

MOTHER
14. Maiden Name Sarah Green
15. Birthplace Charles Co. Md

16 (a) Informant Adelina Green
(b) Address Dundalk md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Chas O. Wilson
(b) Address 1010 Baltimore Blvd

19 (a) July 28 1948 (Date filed with Registrar) (b) Huntington & Williams, M.D.s Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948, at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-25-48 at approx. 5:30 P. M.
(b) Where did injury occur? Ft. Armstead Anne Arundel County
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell off pier into 20' wather

23. Signature Thomas J. Mc Mullen M.D. Medical Examiner.
Date signed

VS 151

Write the causes of death clearly and legibly. Physicians: please write legibly.

065369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered 065369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, (widowed) or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Pocomoke Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Handy
13. Birthplace Pocomoke Md

MOTHER
14. Maiden Name unknown
15. Birthplace Md

16 (a) Informant Josephine Neville
(b) Address 115 S. Bond St

17 (a) Burial (b) Date thereof July 29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bentley St

19 (d) 7-29-1948 (b) Huntingtown Calvert Co. Md
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 6 39 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L Rogers M.D.
Medical Examiner.
Date signed July 27, 1948

G65370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 157E

G65370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Addison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carl Rumpf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-48

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Clarence Rumpf
13. Birthplace Ill

MOTHER 14. Maiden Name Rose Pikrone
15 Birthplace Ill.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jul 27 48 (month) (day) (year)
(c) Cemetery or crematory St Joseph Cem
Location Chicago Ill.

18 (a) Funeral director Welch Funeral Home
(b) Address 2005 Orleans St

19 (a) JUL 27 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1948 to July 27 1948, and that I last saw h[illegible] alive on July 27 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Congenital Heart Disease	
Due to	
Other Conditions Septicemia & Bed Sores	

(Include pregnancy within 3 months of death)
Date of operation July 27, 1948
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. DeCesaris M. D.
Address JOHNS HOPKINS HOSPITAL Date signed July 27 '48

VS 159

665371

BC-48-15521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. 665371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution Mount Wilson Negro America Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d

(e) Length of stay in Baltimore (yrs., mos., or days) 1d

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt

(c) City or town Balto 17 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1306 Linden Ave 17 (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Baby Boy Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Ne | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 26th July 48

8. AGE: Years | Months | Days | If less than one day 5 hr. min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hobert Taylor

13. Birthplace Jenkins Ky

MOTHER 14. Maiden Name Virginia Powell

15. Birthplace Alabama

16 (a) Informant V. Powell

(b) Address 1306 Linden Ave 17

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or [redacted] Medical School JUL 27 1948

Location [redacted] Medical School JUL 27 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 27 1948 (Date received by local registrar) (b) [redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH 26th July 1948, at 9.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 26 June 1948 to 26 June 1948, and that I last saw h[illegible] alive on 26 June 1948.

Immediate cause of death asphyxia pallida

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed July 28

VS 190

G65372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G65372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution South Balto. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beulah WHEDBEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lewis Whedbee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1924

8. AGE: Years 24 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Frank Arnold

13. Birthplace Md

MOTHER 14. Maiden Name Blanche Langley

15. Birthplace Md

16 (a) Informant Harry Langley

(b) Address Solomons, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1948 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Solomons, M.E.

Location Solomons, Md

18 (a) Funeral director A. A. Watkins & Son

(b) Address Mutual Funeral Home, Md

19 (a) [illegible] 27 1948 (b) [illegible] (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948 at 10 46 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab-wound of heart and left lung.

Due to Hemorrhage into pericardial and left chest cavities

Other Conditions Pregnancy (5 months)

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 7/25/48 approx. 10 P. M.

(b) Where did injury occur? 4 West Cross St

(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No

(d) Means of injury Sharp instrument

23. Signature George H. Merrill M.D. Medical Examiner.

Date signed 7/26/48

VS 151

665373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 665373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2150 Vine St.
(c) Hospital or institution:

20-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2150 Vine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Elizabeth K. Hisky

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Edward F. Hisky
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1882

8. AGE: Years	Months	Days	If less than one day
65	9	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John Dorner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lena Haupt
15. Birthplace Baltimore, Md.

16 (a) Informant Gertrude Quick
(b) Address 614 S. Fulton Ave.

17 (a) Burial (b) Date thereof 7/29/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Fader
(b) Address 1700 W. Lombard St.

19 JUL 27 1948 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1948 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1948 to 7/25 1948 and that I last saw h-er alive on 7/25 1948

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: >
Due to
Due to
Other Conditions Obesity
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D'Arcy Langsdale M.D.
Address 400 N. Payson St. Date signed 7/26/48

X

FOR WHAT PURPOSE, WITH ONE PRINTING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

Registered No. G65374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3248 Normount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3248 Normount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Ruehl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1875

8. AGE: Years 73 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Greenville SC (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Oscar Hooker
13. Birthplace SC

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Elsie "Collins
(b) Address 3248 Normount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E Cold St

19 Date of death July 28 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1948, to July 26 1948; and that I last saw h alive on 19

Immediate cause of death Carcinoma Uterus — Duration 3 yrs

Due to Renal Arteriosclerosis — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tracy Tachman M. D.
Address 7 E Eden St Date signed July 27 1948

V S 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be supplied.

65375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

✓ G65375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Redwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2

(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 W. Redwood (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME OLLIE BUCK

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife: -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1879

8. AGE: Years	Months	Days	If less than one day
69	4	19	hr. min.

9. Birthplace Calvert County, Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Henry Buck
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Bessie Jones
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. Annie Bates (Niece)
(b) Address 720 Redwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Lusby, Calvert Co. Md

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 Carrollton Ave

19 (a) JUL 28 1948 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948 at 7. P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1945 to 7/23 1948.
and that I last saw h[illegible] alive on 7/22 1948.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertension Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7/26/48

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

665376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1147

Registered No. 665376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 S. Gilmor St
(c) Hospital or institution:
19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
3
(d) Street No. 209 S. Gilmor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Bessie M Ray

3 (b) If veteran, name war —

3 (c) Social Security Account No. Na

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William O

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept 2nd 1879

8. AGE: Years 68 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name John David Eyler
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Frederick Md.

16 (a) Informant Mr William O. Ray
(b) Address 209 S Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Md

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins St
(c) JUL 28 1948 (Date rec'd by registrar) Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1948 at 2 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10, 1947 to July 26 1948, and that I last saw h[illegible] alive on July 25, 1948.

Immediate cause of death Pulm. Edema - Respiratory Failure.

Due to Chronic Lung Abscess, Rt.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abram Goldman M. D.
Address 206 S. Gilmor Date signed 7/26/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS :50

65377

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65377
Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital 21 + 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 W. Ostend St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Kestler

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. ✓

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nora M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12th 1892

8. AGE: Years 55 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Oiler
11. Industry or business Calvert Distillery

FATHER
12. Name John M. Kestler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Leona Jackson
15. Birthplace Baltimore Md.

16 (a) Informant: Mrs Nora M. Kestler
(b) Address 1209 W. Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)
(c) Cemetery or crematory Balto Hgts Cem
Location 5501 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 901-03 Hollins St.

19 (a) JUL 28 1948 (Date received by Registrar) (b) Funeral Director, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948, at 11.55 PM

21. I certify that I took charge of the remains described above, held an Inspec. & Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary artery disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed July 27, 1948

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

✓ G65378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Adolphus Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucas
15. Birthplace Virginia

16 (a) Informant Lucy Jackson
(b) Address 918 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-48. (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Baltimore Maryland.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) JUL 28 1948 (Date received by registrar) (b) Huntington W. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948 to July 24 1948 and that I last saw h-er alive on July 23 1948.

Immediate cause of death Uraemia. — Duration 4 days.

Due to Chr. Glomerulo-Nephritis — Duration Unknown

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Harland Cassell M. D.
Address 902 W. Franklin Date signed 7-26-48

VS 159

X

665379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

✓ 665379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Carey st
(c) Hospital or institution: Good Samaritan Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 So. Stockton st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1891

8. AGE: Years 57 56 | Months ? | Days ? | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. St. Tillman
(b) Address 1039 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Tillman A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) JUL 28 1948 (Filed by Registrar) (b) [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948, at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 19..., to 7/23/48, and that I last saw ~~him~~ her alive on 7/23/48 19...

Immediate cause of death: Cerebral Hemorrhage — Duration: Few days

Due to: Hypertension — Duration: unknown

Due to: Nephritis — Duration: unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen L. Corbin, M.D.
Address 1 W. Eager Ave Date signed 7/27/48

VS 150

G65580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G65580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1113 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl W. Wade

3 (b) If veteran, name war W. W. #2

3 (c) Social Security Account No. 213-27-0357

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of ~~husband~~ or wife Phyllis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Moorefield Minn. (Town, county and state)

10. Usual Occupation Assembly Line

11. Industry or business General Motors Corp.

FATHER
12. Name John Wesley Wade
13. Birthplace Del.

MOTHER
14. Maiden Name Hazel J. Hawkins
15. Birthplace Del.

16 (a) Informan: Phyllis Wade
(b) Address 1113 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 48 (month) (day) (year)

(c) Cemetery or crematory Belt National
Location Frederick Rd.

18 (a) Funeral director Frank Della Vale
(b) Address 513 Stamford Rd.

19 JUL 28 1948 (Registered by Registrar) (b) Washington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948, at 12:10 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation due to illuminating gas.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 26/48 at M.
(b) Where did injury occur? 1113 N. Calvert St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Coal gas, burner on but unlit

23. Signature M.D.
Medical Examiner.
Date signed July 27/48

Correct age if obviously important. If unknown, please write the causes of death clearly and legibly.

665381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 665381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6609 Reisterstown road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cecil Apartments (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HENRIETTA DUCROT SCOTT

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward Douglass-Scott

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 14, 1878

8. AGE: Years: 69 | Months: 11 | Days: 13 | If less than one day: hr. min.

9. Birthplace: France (Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Ducrot
13. Birthplace: France

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Jonas Friedenwald
(b) Address: 1213 Dulaw Place

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory: Rose Hill
Location: Linden, N.J.

18 (a) Funeral director: Chas. J. Evans & Son
(b) Address: 118 N. Bond, Royal Arms

19 (a) JUL 28 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1947 to July 27 1948.
And that I last saw h[illegible] alive on July 22 1948.

Immediate cause of death	Duration
Cardiac insufficiency	2 mos
Due to Arteriosclerotic heart disease ?	
Due to	
Other Conditions Cancer of Colon	2 yrs?

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Jonas H. Cohen
Address: 5901 Park Heights Ave. Date signed 7/27/48 M. D.

VS 150

PRINT WITH PENCIL, WRITE OVER DOTTED LINES. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

G65382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

✓ G65382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 S. Baylis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. Baylis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leona L. Mardaga

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ernest Mardaga
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 24, 1906

8. AGE: Years	Months	Days	If less than one day
42	3	2	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name August Schultz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline Berend
15. Birthplace Baltimore, Md.

16. (a) Informant Ernest Mardaga
(b) Address 709 S. Baylis St--24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 JUL 28 1948 (b) [illegible] (Date received by registrar)

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH July 26, 1948 at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 26 1948 and that I last saw h er alive on July 26 1948

Immediate cause of death Cor emona T Bleed Jul 14-46
Atherosclerosis Coronary 1948

Due to	Duration
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury (f)

23. Signature C J DeLorenzo M.D.
Address 3426 Booth Date signed July 27 1948

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address Maryland General
(c) Hospital or institution Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N. Charles St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** William H. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5141

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Betty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/24/07

8. AGE: Years 40 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Cooper

11. Industry or business Cargo Packing Engineering

FATHER 12. Name Daniel B. Moore

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Margaret Long

15. Birthplace Balto. Co.

16 (a) Informant Mrs. Betty Moore

(b) Address 1818 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1948 (month) (day) (year)

(c) Cemetery or crematory Grace Church Cem. Location Chestnut Ridge, Balto. Co.

18 (a) Funeral director Diggs Funeral Home

(b) Address 3631 Gallo Rd.

19 JUL 28 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948; at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1948 to July 26 1948 and that I last saw him alive on July 26 1948

Immediate cause of death: Coronary occlusion — Duration 2 hrs

Due to: Hypertension

Due to: Cardiovascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary occlusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carey J. Bland M.D.

Address Maryland General Hospital Date signed 7-28-48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 80658 — G65384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. G65384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Tompkin Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL FRANKS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/43

8. AGE: Years	Months	Days	If less than one day
5	0	8	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN W. FRANKS
13. Birthplace NORTH CAROLINA

MOTHER
14. Maiden Name MARY BRISCOE
15. Birthplace NORTH CAROLINA

16 (a) Informant JOHN W. FRANKS
(b) Address 417 TOMPKIN COURT

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28th 48 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location ANNE ARUNDEL County

18 (a) Funeral director RAYNER SANDERS
(b) Address 1412 E. PRESTON ST.

19 JUL 28 1948 (b) Huntington Williamsport, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 48, at 6:30 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured ribs.
Hemothorax.
Atelectasis of left lung.
~~Duro~~ Edema of brain.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July at 2 P/48 M.
(b) Where did injury occur? 100 Brooklyn bridge Dr.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Street While at work? No
(d) Means of injury Struck by auto

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 7/24/48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G65385

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 153 No Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 No Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samyel
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Beatrice Goodman
(b) Address 153 No Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)
(c) Cemetery or crematory Loudale
Location Philad Rd & Hamilton Ave

18 (a) Funeral director Jack Rosenberg Inc
(b) Address 2166 Eutaw Place

19 (a) JUL 28 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1948, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 1947 to JULY 27 1948, and that I last saw her alive on July 27 1948.

Immediate cause of death	Duration
Cardiac dilatation	
Due to Carcinoma breast	
Due to Carcinoma (metastatic) right lung	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Wise Mann

Address 2911 E. Baltimore St Date signed July 28 1948 (M. D.)

G665386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G665386
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 Forest Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Forest Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sydney S. Jules

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Charles
13. Birthplace France

MOTHER
14. Maiden Name Lena
15. Birthplace France

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Balto St

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 JUL 28 1948 (Huntington Williams M.D.)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27-1948 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1947 to July 27 1948; and that I last saw him alive on 22 July 1948.

Immediate cause of death	Duration
Acute Cardiac Dilatation with decompensation	1 hr
Due to Hypertensive Cardio-Vascular disease	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged, statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Laurence L. Kerns MD
Address 1938 Linden Ave Date signed July 27-48 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

665387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

665387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Quantico Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB HARRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW I	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rebecca Harris
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 15, 1890

8. AGE: Years	Months	Days	If less than one day
58	4	12	hr. min.

9. Birthplace Phila., Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham Harris
13. Birthplace ?

MOTHER
14. Maiden Name ?
15 Birthplace Russia

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Randall
Location Pulaski Rd & Hamilton Ave
18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Pl.
19 (a) JUL 28 1948 Huntington Williams MD
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 19 48 to July 27 19 48 and that I last saw h. im alive on July 27 19 48.

Immediate cause of death	Duration
Infarction of myocardium due to arterio-sclerotic coronary thrombosis	10 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Brad van Ackeren, Medical Director, M.D.
Address Medical Officer in Charge signed 7/27/48

G65388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

Registered No. G65388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Bolton, St
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Bolton, St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia A. Rinker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: #333 Robert R. Rinker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1857

8. AGE: Years 91 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Mt Jackson, Va
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Andrew Funkhauser
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Miss Edda E. Rinker
(b) Address 1700 Bolton, St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29,48 (month) (day) (year)
(c) Cemetery or crematory ######## RinkerTon, Va
Location

18 (a) Funeral director John P. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place,

19 JUL 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to July 26 1948, and that I last saw h.e.r. alive on July 24 1948.

Immediate cause of death, Carcinoma Rectum — Duration Gradual

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Goodall M. D.
Address 1403 Parkside Date signed 7-27-48

X

665389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-61

Registered No. 665389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 Harlem Ave
(c) Hospital or institution:

16-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony F. Duerr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1895

8. AGE: Years 52 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Duerr
13. Birthplace Md

MOTHER 14. Maiden Name Pauline Eberhart
15. Birthplace Germany

16 (a) Informant Mrs. F. Duerr
(b) Address 2837 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30th 1948 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park

19 JUL 28 1948 (Date rec'd by registrar) Huntington Williams Registrar

VS 193 Wr. Neistadt 1727 Lorraine Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26th 1948, at 11.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1948 to July 26 1948 and that I last saw him alive on July 24 1948.

	Duration
Immediate cause of death 1 Coma.	
2 Myocarditis	
Due to Diabetes Mellitus	10 days
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles S Mentodt M. D.
Address 1730 Linden Ave Date signed 7/27/48

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1719

G65390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE F. DREVES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1919

8. AGE: Years 28 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual Occupation Auto. Mechanic

11. Industry or business Chesapeake Cadillac

FATHER
12. Name Martin Dreves
13. Birthplace Iowa

MOTHER
14. Maiden Name Ella M. Harman
15. Birthplace Iowa

16 (a) Informant Geo. M. S. Dreves
(b) Address 1105 Elrino Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1948 (month) (day) (year)

(c) Cemetery or crematory
Location Sioux City, Iowa

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (c) Date of registration JUL 28 1948 Washington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948, at 5 P. M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Skull

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-25-48 at Approx. 5 P. M.
(b) Where did injury occur? Howard & Brevard Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Motorcycle and Streetcar Collision

23. Signature [signature] M.D.
Date signed July 26, 1948 (Medical Examiner)

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

665391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. 665391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Aloysius Stapleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 26, 1893

8. AGE: Years	Months	Days	If less than one day
55	1	1	hr. min.

9. Birthplace New York, N.Y. (Town, county, and state)

10. Usual Occupation Religious Teacher.

11. Industry or business

FATHER 12. Name Thomas Stapleton

13. Birthplace Ireland

MOTHER 14. Maiden Name Anna Keenan

15 Birthplace Ireland.

16 (a) Informant deceased.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Glen Arm

18 (a) Funeral director Geo. McGonigal Son

(b) Address 811 N Wolfe St

19 JUL 28 1948 (Date rec'd by registrar) (Huntington Williams)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1948, at 3:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948 to 7/27 1948, and that I last saw her alive on 7/27 1948.

Immediate cause of death	Duration
Septicemia	
Due to Peritonitis	
Due to Carcinoma of Rectum.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/19/48

Major findings of operation: Inoperable Adenocarcinoma of Rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Robert Shell M. D.

Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G65392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Elsinor
(b) Street address 2611 Elsinor ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Elsinor ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Schiller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Sarah Feller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1884

8. AGE: Years 60 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Shachna Schiller
13. Birthplace Russia

MOTHER
14. Maiden Name Baila Rosenkovitz
15. Birthplace Russia

16 (a) Informant Mrs Sarah Schiller
(b) Address 2611 Elsinor ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/48 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) JUL 28 1948 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 to 7-27 1948.
and that I last saw h[illegible] alive on 7/25/48 19

Immediate cause of death: Coronary entry sclerosis
Coronary thrombosis — Duration 14yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2320 Eutaw Date signed 7/29/48

VS 130

X

G655393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G655393 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 217 N Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife L Elmwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/15/1910

8. AGE: Years	Months	Days	If less than one day
38	1	9	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Va

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Va

16 (a) Informant L Elmwood Jones
(b) Address 217 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto Md

18 (a) Funeral director Isaiah L Brunson
(b) Address 1058 W Montgomery Street

19 (a) JUL 28 1948 Huntington, W. Va.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1948, to July 28 1948, and that I last saw he alive on July 23 1948.

Immediate cause of death	Duration
Cancer of Uterus & metastases	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Garland Pinnell M.D.
Address 902 W. Franklin Date signed 7-28-48

VS 150

665394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77c

Registered No. 665394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 21 South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Russel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Givens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/11/1898

8. AGE: Years 50 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Georgia (town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Small Givens

13. Birthplace N. C

MOTHER 14. Maiden Name Amelia Reives

15. Birthplace Ga

16 (a) Informant Lydia Givins

(b) Address 1103 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location B. C. Co., Md

18 (a) Funeral director Isaac L. Brown & Son

(b) Address 1082 W. Montgomery St

19 JUL 28 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 2:10 A.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH ACUTE ALCOHOLISM

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed July 26, 48

VS 151

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65395

65395 3C-6 P9781 ✓109a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14days.
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W. Lee St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Delores. Johnson ✓

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored.	Single

6 (b) Name of husband or wife None.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1946

8. AGE: Years	Months	Days	If less than one day
2 years.			hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation infant.
11. Industry or business

FATHER
12. Name Walter Johnson
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Powell.
15. Birthplace Virginia

16 (a) Informant mother.
(b) Address 509 W Lee Str

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 48 (month) (day) (year)
(c) Cemetery or crematory Mt Cooking Co
Location A. f. C. Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1818 W Monty omery St

19 JUL 28 1948 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1948 to July 26 1948, and that I last saw h alive on July 26 1948

Immediate cause of death	Duration
primary atypical pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Patterson M.D.
Address University Hosp. Date signed 7-27-48

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-15-469 / 159

Registered No. 665396

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline

(c) Hospital, Institution: St. Joseph's 27

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hr. 50 min.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 hr. 50 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4915 Catalpha Rd.

(If rural give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3 (a) FULL NAME Steinfort, Baby Boy "A"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1948

8. AGE: Years	Months	Days	If less than one day
			20 hr. 50 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER

12. Name Steinfort, Edward John

13. Birthplace

MOTHER

14. Maiden Name Murphy, Mary Ann

15. Birthplace Balto., Md.

16 (a) Informant father

(b) Address

17 (a) Burial (b) Date thereof 7/28/48 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director L. Rush

(b) Address 5305 Harford Rd

19 (a) JUL 28 1948 (b) Huntington Williams, M.D.

(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27, 1948 to July 27, 1948, and that I last saw him alive on July 27, 1948.

Immediate cause of death	Duration
RESPIRATORY FAILURE	1 day
Due to PREMATURITY	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Ehrlich M. D.

Address St. Joseph's Hosp Date signed 7-28-48

X

665397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC - 48-1548 / 159

Registered No. 665397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital 27-B
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hr 35min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4915 Catalpha Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Steinfort - 13

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1948

8. AGE: Years	Months	Days	If less than one day
			9 hr. 35 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Edward John Steinfort
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Ann Murphy
15. Birthplace Baltimore, Maryland

16 (a) Informant father
(b) Address

17 (a) Burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.
(c) Huntington Williams, M.D. Registrar

JUL 28 1948
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27-1948 to 7-27-1948 and that I last saw him alive on 7-27-1948.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to PREMATURITY	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Ehrlich M. D.
Address St. Joseph's Hosp Date signed 7-27-48

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G65398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 North Charles Street
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Raynor Hgts Md (If outside city or town limits write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdaline Kutchins

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Matthew
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Apr 10 1893

8. AGE: Years 55 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name
13. Birthplace Lithuania

MOTHER
14. Maiden Name
15. Birthplace Lithuania

16 (a) Informant Stanislaus Kutchins
(b) Address Raynor Hgts Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-8 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Charles W. Faehnrich
(b) Address 783 McHenry St

19 (a) JUL 28 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24/1948 to 7/24 1948 and that I last saw h[illegible] alive on 7/24 1948

Immediate cause of death: Bronchopneumonia — Duration 1 day
Due to: Bulbar & Cerebral Paralysis — 2 days
Due to: Bulbar & cerebral paralysis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Louis J. Glass M. D.
Address 876 Norfolk Rd Date signed 7/24/48

Please write the causes of death clearly and legibly. Physicians: please write correct age if especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65399 / 14 — Registered No. G65399

G65399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Dillon St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — — —

3 (a) FULL NAME Michael Schmidt SCHMIDT

3 (b) If veteran, name war: No
3 (c) Social Security Account No. — —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jennie
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/1900

8. AGE: Years 47 | Months 9 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Anthony Schmidt
13. Birthplace Sweden

MOTHER
14. Maiden Name Frances ?
15. Birthplace Sweden

16 (a) Informant Jennie Schmidt - wife
(b) Address 2716 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave.

18 (a) Funeral director Lillyd Zeiler Inc
(b) Address 403 S. Wolfe St.

19 (a) 8/2 1948 (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1948, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1948 to 7/27 1948, and that I last saw h. alive on 7/27 1948.

Immediate cause of death	Duration
Meningitis	
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marjorie Klein, M. D.
Address Sinai Hosp Baltimore Date signed 7/27/48

VS 150

X

Please write the causes of death clearly and legibly. Physicians: please write age is especially important. [illegible]

G65400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G65400 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4338 Newport Ave
(c) Hospital or institution: 1c 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Belnord Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Paul Stohr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Kiesling
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 12/19/74

8. AGE: Years 73 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Stohr
(b) Address 528 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell St

18 (a) Funeral director Tully & Zeiler
(b) Address 403 S. Wolfe St

19 (a) Signature of local registrar

JUL 28 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 8.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 8 1948, to July 27 1948, and that I last saw h/m alive on July 12 1948

Immediate cause of death	Duration
BRONCHIOGENIC CARCINOMA	6 mos.
Due to BRONCHIOGENIC	
Due to	
Other Conditions ARTERIOSCLEROSIS GENERALIZED	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Hyatt M. D.
Address 121 S. Highland Ave Date signed July 28 1948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65401

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Clinton St.
(c) Hospital or institution:
none 26-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Clinton St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — —

3 (a) FULL NAME Mary Elizabeth Jordan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/24/1882

8. AGE: Years	Months	Days	If less than one day
66	0	3	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name William Mauler
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Weitzel
15. Birthplace Md.

16 (a) Informant Albert Jordan - son
(b) Address 18 N. Clinton St.

17 (a) Burial (b) Date thereof 7/30/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue
18 (a) Funeral director Foley & Zeiler Inc
(b) Address 403 S. Wolfe St.

19 (a) 7/28/1948 (b) [illegible]
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1948 to 7/27 1948 and that I last saw h[illegible] alive on 7/27 1948.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to .....

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration
.....
.....
.....
.....
.....
.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Charles F. Bowers
Address 3123 Easton Av Date signed 7/28/48

G65402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

G65402 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Greenmount Ave.
(c) Hospital or institution:
12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MARY ISABELL SAFFELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife: Albert Curtis Saffell, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1876

8. AGE: Years 72 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Blatchley
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Anderson
15. Birthplace: Md.

16 (a) Informant: Mrs. Robert Suman
(b) Address: 1450 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/48 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) [illegible]

19 (a) JUL 28 1948 (Date rec'd by registrar) (b) [illegible]

VS 15)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948 to July 24 1948.
and that I last saw h[illegible] alive on July 24 1948.

Immediate cause of death	Duration
Cerebro-vascular accident	
Due to Hypertension & Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph C. Matcher, M.D.
Address 343 Juneway Rd Date signed July 26 1948

G65403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65403
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 N. Fulton Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME JAMES MADISON BROWN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: MALE
5. Color or race: WHITE
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: MARRIED
6 (b) Name of husband or wife: MARTHA E. BROWN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 15, 1856

8. AGE: Years 91 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Balto., MD.
(Town, county, and state)

10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name JAMES H. BROWN SR.
13. Birthplace MARYLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ?

16 (a) Informant MRS. MARTHA E. BROWN
(b) Address 2123 N. Fulton Ave

17 (a) BURIAL (b) Date thereof 7-28-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location Woodlawn, MD.

18 (a) Funeral director Wm. Tickner & Sons
(b) Address [illegible]

1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1948, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1933 to July 25 1948, and that I last saw him alive on July 20 1948.

Immediate cause of death: Coronary Thrombosis — Duration 6 hrs
Due to: Cardio. Vas. Colar Disease & Decompensation — 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 3432 Frederick Ave Signed

VS 150

G65404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH # 937

G65404
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 54 ydars

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6614 Laurel Drive
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME IRWIN Laird Carter

3 (b) If veteran, name war no.

3 (c) Social Security Account No. 215-07-5952

4. Sex male

5. Color or race White American

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elsie Irene Carter (nee Dowling)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-'93

8. AGE: Years 54 | Months 6 | Days 26 | If less than one day 27 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Ice Cream salesman

11. Industry or business Borden Ice Cream

FATHER
12. Name Irwin M. Carter
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma J. Laird
15. Birthplace Maryland

16 (a) Informant Mrs. Elsie I. Carter
(b) Address 6614 Laurel Drive, Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 3:21 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1948, to July 27 1948, and that I last saw him alive on July 27 1948.

Immediate cause of death acute pulmonary edema — Duration 2 days

Due to Myocardial infarction — Duration ?

Due to H.C.V.D. — Duration ?

Other Conditions Pulmonary embolism + arterial embolism

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Pepper Constable Jr. M. D.
Address Union Memorial Hosp. Date signed 7-27-48

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G65405 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Streeper St.
(c) Hospital or institution: 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Streeper St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes C. Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	divorced

6 (b) Name of husband or ~~wife~~ Gilbert C. Hooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) June 5, 1903

8. AGE: Years	Months	Days	If less than one day
45	1	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Agnes E. Edick - daughter
(b) Address 416 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location 4430 Belair Rd. Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

JUL 28 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1948, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-17-48 19 to 7-26- 1948, and that I last saw h M alive on 7-26- 1948.

Immediate cause of death CARCINOMA - Cervix WITH METASTASES — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. B. Mora, M.D.
M. D.
Address 448 N. Lafayette Ave Date signed 7-27-48

VS 150

G65406 BALTIMORE CITY HEALTH DEPARTMENT G65406
CERTIFICATE OF DEATH 497 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Patterson Pk. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pelagia Pauline Balunas (Pelagia Pauline Balunas)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Michael Linety
13. Birthplace Poland

MOTHER
14. Maiden Name Rozalia Ratka
15. Birthplace Poland

16 (a) Informant Mrs Elenor Kossmann
(b) Address 3506 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1948 (month) (day) (year)
(c) Cemetery or crematory Larraine Park Cem.
Location Baltimore County

18 (a) Funeral director John Jr. Weber
(b) Address 406 S. Chester Street

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1948 to 7-27 1948 and that I last saw her alive on 7-27 1948

Immediate cause of death Pulmonary Embolism — Duration

Due to —

Due to —

Other Conditions Ca Vulva, Arteriosclerosis, Mediastinitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. A. Peterson M. D.
Address University Hosp. Date signed 7-27-48

JUL 28 1948

VS 130

X

correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

G65407

BALTIMORE CITY HEALTH DEPARTMENT X/937

CERTIFICATE OF DEATH

G65407
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Arundel Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Amelia L Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John T. Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1892

8. AGE: Years	Months	Days	If less than one day
56	2	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Floyd (Edward)
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Mc Cambridge
15. Birthplace Balto. Md.

16 (a) Informant John T. Edwards
(b) Address 219 Arundel Ave

17 (a) Burial (b) Date thereof 7-30-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location A.A. Co. Maryland

18 (a) Funeral director Flynn-Fleming
(b) 1426 Light St.

19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/48 19 at 1 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/13 1948 to 7/27/48 19, and that I last saw her alive on 19

Immediate cause of death	Duration
Pulmonary Embolism	30 min.
Due to Congestive Heart Failure	1 wk
Due to Arteriosclerotic Cardiovascular Disease	19 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex. P. Kelly Jr. X
Address SBGH Date signed 7/27/48

Alex. P. Kelly Jr. X

VS 150

G65408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1948

G65408 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.of
(b) Street address
(c) Hospital or institution: Balto City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7203 Woodrow Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Rodenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7471.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Julia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14. 1901

8. AGE: Years 46 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Clerk Sparrows Point
11. Industry or business Ship Builders

FATHER
12. Name Friedrich Rodenberg
13. Birthplace [illegible] Baltimore Md

MOTHER
14. Maiden Name Elizabeth Haggie
15. Birthplace Baltimore Md

16 (a) Informant Julia Rodenberg
(b) Address 7203 Woodrow Ave

17 (a) Burial (b) Date thereof July 29 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Randall Tillman
(b) Address 3115 Hudson Ave

19 (a) JUL 28 1948 WORD WAR II
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1948 at 10:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Fahrni M.D.
Medical Examiner.
Date signed 7/26/48

VS 151

G65409

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH V 87E

G65409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Emerald & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. Box # 75 A (If rural give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Alice Duncan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: child
6 (b) Name of husband or wife: none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 24, 1940
8. AGE: Years 8 | Months 5 | Days 4 | If less than one day hr. min.
9. Birthplace Virginia Louden Co. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Martin Duncan
13. Birthplace Virginia

MOTHER
14. Maiden Name Gladys Shifflet
15. Birthplace Virginia

16 (a) Informant Martin Duncan (father)
(b) Address Laurel, Md R.F.D.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/1/48 (month) (day) (year)
(c) Cemetery or crematory Ashburn
Location Loudon Co. Virginia
18 (a) Funeral director W. Rafferty Selby
(b) Address 401 Washington Blvd Laurel Md.
JUL 28 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 1948, at 3:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3:00 A.M. 7-28 1948 to 3:40 A.M. 7-28 1948 and that I last saw he alive on 3:35 A.M. 7-28 1948

	Duration
Immediate cause of death: Respirations ceased	
Due to degeneration of the pons etiology not known	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy: degeneration of pons

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James M. Bisaner M. D.
Address University Hosp. Date signed 7-28-48 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

G65410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Garrison Boulevard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Garrison Boulevard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Q. Adams

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Helen F. Adams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 17, 1880
8. AGE: Years 67 | Months 10 | Days 10 | If less than one day hr. min.
9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Self

FATHER
12. Name John Bosselman
13. Birthplace France

MOTHER
14. Maiden Name ?? Adams
15. Birthplace Illinois

16 (a) Informant: Mrs. Helen F. Adams
(b) Address 2230 Garrison Boulevard

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 JUL 29 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1947 to July 27 1948 and that I last saw ~~him~~ alive on July 22 1948.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	2 yrs
Due to Arteriosclerosis	Uncertain
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation No operation
Major findings of operation:
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joshua H. Arrascott M. D.
Address 6419 Windsor Mill Road Baltimore-7 Md Date signed 7/28/48

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G65411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Chestnut Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Chestnut Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Quirk Braden

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1880

8. AGE: Years	Months	Days	If less than one day
68	4	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mathew Quirk
13. Birthplace Baltimore

MOTHER
14. Maiden Name O'Keefe
15. Birthplace Baltimore

16 (a) Informant Mrs. Frances Bowers
(b) Address 709 Chestnut Hill Ave.

17 (a) Burial (b) Date thereof July 31, 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 JL 29 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 3:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1948, to July 28 1948, and that I last saw her alive on July 28 1948

Immediate cause of death	Duration
Toxic Absorption	2 days
Due to Carcinoma of Cervix	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1 W. Overlea Ave. Date signed 7/28/48

X

G65412 G65412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3726 Beehler Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Beehler Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Goldstein

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Philip Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Russia

16 (a) Informant Mrs Miriam Goldberg
(b) Address 3726 Beehler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1126*-1126 W North Ave

19 (a) JUL 29 1948 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1948, to July 28 1948, and that I last saw h[illegible] alive on July 28 1948.

Immediate cause of death	Duration
Carcinoma of the uterus with	
Due to metastasis to	
Due to Liver & Lungs	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July
Major findings of operation: Ca of the uterus extended to liver
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Samben
Address 1128 W. North Date signed 7/30/48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

G65413 G65413

BALTIMORE CITY HEALTH DEPARTMENT Registered No.....

CERTIFICATE OF DEATH 94a

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5026 Queensbury Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 → 17
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5026 Queensbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAM SILVERSTEIN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MAle	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1875

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Ladies Clothing

FATHER
12. Name Harry Silverstein
13. Birthplace Russia

MOTHER
14. Maiden Name Faga ?
15 Birthplace Russia

16 (a) Informant Louis Silverstein
(b) Address 4314 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run Cem
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave Huntington Woods

19 (a) JUL 29 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 30 1948 to July 28 1948, and that I last saw h.IM alive on July 27 1948.

	Duration
Immediate cause of death Acute Pulmonary Edema	48 hrs.
Due to Coronary Thrombosis	2 mo.
Due to generalized arteriosclerosis	8-10 yrs.
Other Conditions Hypertension	15-20 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature A. A. Silver M. D.
Address Temple Gardens apt. Date signed 7-28-48

A. A. Silver

VS 150

G65414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65414 Registered No. 1316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5800 Ethelbert Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Fishman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 63 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Meyer Fishman
(b) Address 5800 Ethelbert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 2160 Eutaw Place

19 (a) (Signature of Registrar) (b) Huntington T. Williams, M.D. Registrar
Rec'd Dec 29 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1948 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1948 to 7/28 1948 and that I last saw her alive on 7/28 1948.

Immediate cause of death: Pulmonary Edema — Duration:

Due to: Cardiac Insufficiency

Due to: Arteriosclerotic Heart Disease, Renal Insufficiency

Other Conditions: Arterial Renal Disease, Bronchiectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Pulmonary Edema

of autopsy: Arterial Renal Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Bernard Fisher M.D.
Address Sinai Hospital Date signed 7/28/48

938

G65415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G65415 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Auchentorly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Auchentorly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aaron Deitz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Louis Deitz
13. Birthplace Lith

MOTHER
14. Maiden Name Rebecca Deitz
15. Birthplace Lith

16 (a) Informant Sarah Deitz
(b) Address 3300 Auchentorly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Bn Israel
Location Southern Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (a) JUL 29 1948 (Date rec'd by registrar) Huntington Woods, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1948, at 10:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to July 28 1948 and that I last saw him alive on July 28, 1948.

Immediate cause of death Cancer of common bile duct. — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Exploratory Hosp. record
Major findings of operation: Ca of common duct.
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature John H. Jacobus
Address 1055 N. Calvert Date signed 7/29/48.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William M. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Susie Campbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1884

8. AGE: Years 63 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name William M. Campbell, Sr.
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Mr. Earl Campbell
(b) Address 548 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Mem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUL 29 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 19 48 at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1948 to 7/26 1948, and that I last saw him alive on 7/24 1948.

Immediate cause of death	Duration
Chronic Myocarditis	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Hawkins M.D.
Address 45 W. Biddle St. Date signed 7/27/48

VS 130

G65417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G65417

B.J.A. 120311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Lee St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Bailey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	M.

6 (b) Name of husband or wife Earl Bailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1902

8. AGE: Years	Months	Days	If less than one day
46	1	16	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Major Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Elnora Camp
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A Davis
(b) Address 142 W Lee St

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1948, at 11:40 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1948, to July 28 1948, and that I last saw her alive on July 28 1948

Immediate cause of death Meningitis — Duration 24 hrs

Due to Decubitus ulcer — wks

Due to

Other Conditions lymphosarcoma of C.A. duration — mos

(Include pregnancy within 3 months of death)

Date of operation 6/30/48

Major findings of operation: neg - colos - biop done

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gordon Craft
Address Balt. City Hosp. Date signed 7/28/48 M. D.

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

G65418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G65418

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1152 Russell
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1152 Russell (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Mc Glotten

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1876

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Wm. Mc Glotten
13. Birthplace md

MOTHER
14. Maiden Name Hester Ross
15. Birthplace md

16 (a) Informant Miss Nettie Lewell
(b) Address 1105 Denmead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Stuart
(b) Address 142 W Pratt St

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1948, at 11 00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1948, to 7/27 1948, and that I last saw him alive on 7/26 1948.

Immediate cause of death	Duration
Tuberculosis (Pulmonary)	
Due to	3-4 mos. (History)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Preston Grant
Address 601 N. Carrollton Date signed 7/29/48

X

G65419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G65419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Belle Ave.
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3902 Belle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: HANNAH E. WREDE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced.: widow

6 (b) Name of husband or wife: Charles W. Wrede
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 2, 1876

8. AGE: Years: 71 | Months: 10 | Days: 4 25 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles Hall
13. Birthplace: Md.

MOTHER
14. Maiden Name: Henrietta Mullen
15. Birthplace: Germany

16 (a) Informant: Miss Ethel Wrede
(b) Address: 3902 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1947, to 7/27 1948 and that I last saw her alive on 7/27 1948.

Immediate cause of death Carcinoma of Liver — Duration: 6 Mos.

Due to

Due to

Other Conditions: Fatty Degeneration of Myocardium

(Include pregnancy within 3 months of death)

Date of operation: X

Major findings of operation:

of autopsy: ms

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Deaton M. D.
Address 7901 Harford Rd. Date signed 7/28/48

VS 150

READ THIS PAGE CAREFULLY, WITH ONE READING ONLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

Registered No. G65420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Fait Avenue
(c) Hospital or institution: Home 1-
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Fait Avenue.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HILDA LUCASSEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Lucas Lucassen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1863

8. AGE: Years 84 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles Lucassen.
(b) Address 5014 ardmore way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 48 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cemetery
Location O'Donnell St.

18 (a) Funeral director John J. Duda
(b) Address 28 S. Wolfe St

19 (a) 8-2 1948 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 6 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1948 to 7-28 1948, and that I last saw h[illegible] alive on 7-24 1948.

Immediate cause of death Cerebral thrombosis — Duration

Due to Arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert M. Carouge M. D.
Address 2715 8th St. Date signed 7-28 1948

VS 150

G65421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 Madison Avenue
(c) Hospital or institution:
11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Madison Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WEEMS RANDALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1858

8. AGE: Years 90 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace Anne Arundel County Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Carrie
15. Birthplace Anne Arundel County Md

16 (a) Informant Mrs E. B. Williams
(b) Address 1319 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1948 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A. Sively
(b) Address 66 West Lane Street

19 JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williamsport, Md Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948, at Noon M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil R. Rose M.D.
Medical Examiner.
Date signed 7-27-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G65422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N. Fremont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Elmer Howard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hattie Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1902.

8. AGE: Years 45 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Thomas Howard.
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie
15. Birthplace Md.

16 (a) Informant Emma Brown
(b) Address 633 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 JUL 29 1948 (Date rec'd by registrar) (b) Funeral Home, Baltimore, Md.

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1948 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1948 to 1-26 1948 and that I last saw h[illegible] alive on May 26 1948

Immediate cause of death: Coma Pernicious Anaemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. T. Woodland M. D.
Address 821 Hoyle Date signed 7/30/48

Chas. T. Woodland M

G65423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Vincent
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flossie Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	N	Widow

6 (b) Name of husband or wife James Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15, 1895

8. AGE: Years	Months	Days	If less than one day
53	5	11	hr. min.

9. Birthplace Coffield, N. C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Jacob Doughtie
13. Birthplace Coffield, N.C.

MOTHER
14. Maiden Name Martha
15. Birthplace Coffield, N. C.

16 (a) Informant Jessie Thomas.
(b) Address 306 S. Vincent St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof July 29 1948 (month) (day) (year)
(c) Cemetery or crematory Coffield, N.C.
Location

18 (a) Funeral director Mrs Katie R. Wilkerson
(b) Address 322 N. Schroeder St

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1948 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948 to 7/26 1948, and that I last saw h[illegible] alive on 7/25 1948.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Myocardial Failure	14 days
Due to Chr. Myocarditis	
Other Conditions Secondary Anemia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Generalized Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dr. Preston Strait
Address 601 N. Caroline St Date signed 7/27/48 M.D.

VS 150

G65424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Ardleigh Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(b) Street No. 3362 Hickory Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora L. Ford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1870

8. AGE: Years	Months	Days	If less than one day
77	11	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William H. Ford
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret J. Harris
15. Birthplace Md.

16 (a) Informant Archibald L. Ford
(b) Address 3362 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/1948 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Paul E. L. Kenworthy Jr.
(b) Address 3667 Chestnut Ave.

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Burton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1948 to July 27 1948. and that I last saw h alive on July 27 1948

Immediate cause of death	Duration
(a) Myocarditis	
Due to (b) Arteriosclerotic	
Due to (c) Cerebral Hemorrhage	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3429 Old Town Rd. Date signed 7/29/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30B

Registered No. G65425

Please write the causes of death clearly and legibly. Physicians: please write the cause to which death should be charged statistically. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 Eastern ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George C. Schafer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: 212-01-3484

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Estelle F.
6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Aug 12 1898

8. AGE: Years	Months	Days	If less than one day
49	11	16	..... hr. ..... min.

9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business:

FATHER
12. Name: Henry C. Schafer
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary C. Heise
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd
18 (a) Funeral director: Diggel Bros
(b) Address: 1800 E Lombard St.

19 JUL 29 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28-1948 to 7-28-1948 and that I last saw him alive on 7-28-1948

Immediate cause of death: Hemorrhage into left ventricle of the brain — Duration

Due to

Due to

Other Conditions: Tabo-paresis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Herman N. Mellinkoff M.D.
Address: JOHNS HOPKINS HOSPITAL Date signed 7/29/48

83a

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 S. Pulaski Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 S. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT KRASSNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business Grocery Business

FATHER
12. Name Mathew Krassner
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta ?
15. Birthplace Russia

16 (a) Informant Mrs. Heneritta Kantor
(b) Address 1309 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 30-48 (month) (day) (year)
(c) Cemetery or crematory Bnai Jacob Cong.
Location Bowleys Lane

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124-26 W. North Ave.

19 (a) JUL 29 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 7 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/14 1948 to July 28 1948 and that I last saw h[illegible] alive on July 28 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred Cole
Address 1934 Whitelens Ave Date signed 7-29-48

VS 150

G65427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts
(c) Hospital or institution: Union Memorial Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Park Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Hyland Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M26

5. Color or race White

6 (a) Single, married, widowed, or divorced. Maried

6 (b) Name of ~~husband~~ or wife Louise Escher ~~Ford~~ Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-'79

8. AGE: Years 68 | Months 69 | Days 76 | If less than one day hr. min. 28

9. Birthplace Cecil County, Maryland (Town, county, and state)

10. Usual Occupation Broker

11. Industry or business Wholesale Grocery

FATHER
12. Name Stephen H. Ford
13. Birthplace Maryland

MOTHER
14. Maiden Name Lenette Ellison
15. Birthplace Maryland

16 (a) Informant Charles E. Ford (son)
(b) Address 3433 Gilford Tr. Baltimore

17 (a) BURIAL (b) Date thereof July 30 '48 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory ST STEPHEN
Location CECIL CO. MD.

18 (a) Funeral director Harry N. Wythe
(b) Address 4196 Edmondson Ave

19 (a) JUL 29 1948 (b)
(Date rec'd by registrar) Huntington Hill Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 July 1948, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1948 to 28 July 1948, and that I last saw him alive on 27 July 1948

	Duration
Immediate cause of death Uremia	
Due to Hypertensive Cardio-vascular renal disease.	12-15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature McAlpin H. Arnold M. D.
Address Union Memorial Hospital Date signed 28 July 1948

X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 665428

Please write the causes of death clearly and legibly. Physicians: please write age is especially important. Follow directions carefully. Supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N. Longwood St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MAE SCRIVNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife late WM SCRIVNER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 JAN 1878

8. AGE: Years	Months	Days	If less than one day
70	6	27	26 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation not employed.
11. Industry or business

FATHER
12. Name Moses Megary
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margaret Flynn
15. Birthplace Ireland.

16 (a) Informant Mrs G. Shannon.
(b) Address same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 48 (month) (day) (year)
(c) Cemetery or crematory DEVIR RIDGE
Location PIKESVILLE
18 (a) Funeral director Harry H Withe
(b) Address 4101 Edmondson ave
19 (a) JUL 29 1948 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 July 1948, at 1.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 15 June 1948 to 27 July 1948, and that I last saw her alive on 27 July 1948.

	Duration
Immediate cause of death Cardio-respiratory failure	Terminal
Due to Generalized Carcinomatosis	6 mos.
Due to Carcinoma of Sigmoid Colon.	1 yea
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 16 June 1948
Major findings of operation: Carcinoma of sigmoid colon & Generalized metastases.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert K Schoenbucher
Address Maryland Gen Hosp Date signed 27 July 48 M

G65429

BC- 48-14175

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 161C

Registered No. G65429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 N. Eutaw Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Eutaw Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BETTY LOU HOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1948

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Osborn Holland
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Baltimore, Md

16 (a) Informant: Mrs. Osborn Holland
(b) Address 1032 N. Eutaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Balto, Co.

18 (a) Funeral director Mrs. George F. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUL 29 19[illegible] (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 1:45 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Icterus of newborn

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Royer M.D.
Medical Examiner
Date signed 7/27/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

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G65430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65430

1313

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Whiteford
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Burnette Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Reba Allison Jones

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 5-22-91

8. AGE: Years	Months	Days	If less than one day
57	2	6	..... hr. ..... min.

9. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual Occupation Painter - Contractor

11. Industry or business

FATHER
12. Name Hugh E. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Boyle
15 Birthplace Md.

16 (a) Informant Wife
(b) Address Whiteford, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1948 (month) (day) (year)
(c) Cemetery or crematory Slate Ridge
Location Delta, Pa.

18 (a) Funeral director Hubert P. Hanlon
(b) Address Delta, Pa

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 July 1948, at 8:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 July 1948 to 28 July 1948 and that I last saw h. alive on 28 July 1948

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions Cirrhosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature McElgin H. Arnold M. D.
Address Union Memorial Hosp Date signed 7-28-48

VS 150

665431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 665431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Bulls
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4718 Grace Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Frances Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/48

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Otto A. Becker
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Frances Lu Kay
15. Birthplace Baltimore, Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location 1300 Dundalk Ave 24

18 (a) Funeral director William S. Frankowski
(b) Address 2007 Eastern ave

19 JUL 29 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28-48 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1948, to 7-28 1948
and that I last saw h[illegible] alive on 7-28 1948

Immediate cause of death fetal atalectasis — Duration 36 hrs

Due to prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: fetal atalectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Judson G Van Wyk MD M. D.

Address JOHNS HOPKINS HOSPITAL Date signed

VS 159

X

65432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 1a

Registered No. 65432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 W. Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 W. Garrison Ave
(If rural give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country ———

3 (a) **FULL NAME** William F. Meyers

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-14-3505

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Sadie E. Myers
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 1-16-1865

8. AGE: Years	Months	Days	If less than one day
83	6	11	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Elisha Myers
13. Birthplace Maryland

MOTHER
14. Maiden Name Nancy Meiringman
15. Birthplace Maryland

16 (a) Informant Mrs. Wm. F. Myers
(b) Address 4809 Beaufort Ave

17 (a) Burial (b) Date thereof 7/30/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Dorsey Rd. nr. Arcadia

18 (a) Funeral director Frank H. Mewes
(b) Address Pikesville, Maryland

19 (a) [illegible] (b) [illegible] Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/48 19 ____, at 11.30M A

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8/45 19 ____ to 7/27/48 19 ____, and that I last saw him alive on 7/26/48 19 ____

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Chronic Cardio-vascular Renal disease-Arteriosclerosis	Long
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Culverhouse M.D.
M. D.
Address 1901 Eutaw Place Date signed 7/27/48

J. B. Culverhouse M.D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G65433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 W. Clement St.
(c) Hospital or institution: 22
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 W. Clement St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Trebes

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Seneh I. Trebes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 3 1894
8. AGE: Years 54 Months 5 Days 24 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name John J. Trebes
13. Birthplace Germany

MOTHER
14. Maiden Name Mary R. Birsner
15. Birthplace Germany

16 (a) Informant Mrs Seneh I. Trebes
(b) Address 105 W. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1948 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md.

18 (a) Funeral director Flynn - Fleming
(b) Address 1426 Light St.

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948 at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/4 1948 to 7/27 1948 and that I last saw h[illegible] alive on 7/26 1948.

Immediate cause of death Malignancy of left lung. — Duration 1 year

Due to —

Due to —

Other Conditions None noted 3/25/48 (Include pregnancy within 3 months of death)

Date of operation [illegible] Major findings of operation [illegible] of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Levisal M. D.
Address 226 Hanover St. Date signed 7/29/48

G65434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

✓ G65434 Registered No.

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts
(c) Hospital or institution:
Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Hamlet Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lilly Hofmann Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1878

8. AGE: Years	Months	Days	If less than one day
69	10	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Hofmann
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Nitz
15 Birthplace Germany

16 (a) Informant Record
(b) Address 5400 Hamlet Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.

19 (a) JUL 29 1948 (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1948, to July 28 1948, and that I last saw him alive on July 28 1948.

Immediate cause of death	Duration
Respiratory Failure	
Due to Pulmonary Embolism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 27, 1948
Major findings of operation Ventral Hernia Obstruction of Duodenum
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Charles Graybeal M. D.
Address Union Memorial Hospital Date signed 7/28/48

VS 150

G65435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G65435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hosp 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 7
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Pinewood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Katherine Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Herman Roth

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 7 1883

8. AGE: Years 64 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Michael Kafer

13. Birthplace Baltimore

MOTHER 14. Maiden Name Sophie Horstman

15. Birthplace Germany

16 (a) Informant Mrs Herman Roth

(b) Address 2806 Pinewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-48 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Balto

18 (a) Funeral director L. J. Luck

(b) Address 5305 Harford Rd.

19 (a) AUG 2 9 1948 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1948 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1948 to 7/28 1948 and that I last saw h. alive on 7/28 1948.

Immediate cause of death: Cardiac failure - inanition

	Duration
Due to: Carcinoma Cervix	
Due to: Pyonephrosis Cell Bilateral	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hunter M. D.

Address Church Home Date signed 7/28/48

G65436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G65436

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Windsor Ave.,
(c) Hospital or institution:

15-T

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Windsor Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Anna Kreisinger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Frank Kreisinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1860

8. AGE: Years	Months	Days	If less than one day
87 yrs.	8	12	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15 Birthplace "

16 (a) Informant Mrs. Goldie Riha - daughter
(b) Address Ferndale, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)
(c) Cemetery or ~~xxxxx~~ Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Schimunek Funeral Home, Inc.
(b) Address 2601-3-5 E. Madison Street

19 (a) Date received by (Registrar) Thurlington Williams M.D. Registrar
JUL 29 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 , at 12 42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1948 to July 27 1948, and that I last saw h[illegible] alive on July 26 1948.

Immediate cause of death, Myocarditis — Duration about 2 mo.

Due to Advanced Arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin L. Babbitt M. D.
Address 2220 Garrison Blvd Date signed

× July 28/48

Please write plainly, with unfading ink. Every item of information known or carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C65437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93E

Registered No. C65437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Long Island
(c) City or town Richmond Hill,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10708 86th Street,
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME JOSEPH JACQUILLARD

3 (b) If veteran, name war

3 (c) Social Security Account No. 099-03-7770

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/22/1882

8. AGE: Years	Months	Days	If less than one day
66	11	7	..... hr. ..... min.

9. Birthplace BROOKLYN, N.Y.
(Town, county, and state)
10. Usual Occupation SERVICE ENGINEER
11. Industry or business SAFETY SHOE Co.

FATHER
12. Name JOSEPH J. A QUILLARD
13. Birthplace NEW YORK CITY

MOTHER
14. Maiden Name KATHERINE ?
15. Birthplace N.Y.C.

16 (a) Informant MRS JOSEPH JA QUILLARD
(b) Address 335 / 118th ST. KEW GARDENS N.Y.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory EVERGREEN
Location BROOKLYN N.Y.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 E Pratt St

19 JUL 29 1948 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948, at 11:40 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary edema,
Acute congestive heart failure

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?.....
(d) Means of injury.....

23. Signature Edward C. Rogers M.D.
Medical Examiner.
Date signed July 29, 1948

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65438

BALTIMORE CITY HEALTH DEPARTMENT X 74a

CERTIFICATE OF DEATH

G65438
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. E. Main St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Frazer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Geneva

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 5-13-02

8. AGE Years	Months	Days	If less than one day
46	2	16	....hr. ....min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Engineering

11. Industry or business

FATHER 12. Name Frank Frazer

13. Birthplace Md

MOTHER 14. Maiden Name Eva Scott

15. Birthplace

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 1 49 (month) (day) (year)

(c) Cemetery or crematory ELKTON

Location ELKTON Md.

18 (a) Funeral director H. W. Pippin & Son

(b) Address ELKTON Md.

JUL 29 1949 (Date received by registrar) Registrar

MEDICAL CERTIFICATION 10 P

20. DATE OF DEATH July 29 1948, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1948, to 7/29 1948, and that I last saw him alive on 7/29 1948.

Immediate cause of death	Duration
Intracerebral hemorrhage, respiratory paralysis	
Due to Acute myelogenous leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. E. Sharrer M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-29-48

VS 150

G65439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G65439 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 E. CALVERT ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 REXMERE Rd.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME SUSANNE P. (F) (~~BEGER~~) Yeager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	M.

6 (b) Name of husband or wife CARL F. (~~BEGER~~) Yeager

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 14 1892

8. AGE: Years	Months	Days	If less than one day
56	6	15	hr. min.

9. Birthplace PENNA (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HORACE PASSMORE
13. Birthplace PENNA

MOTHER
14. Maiden Name ANNIE HERSHEY
15. Birthplace PENNA.

16 (a) Informant HUSBAND
(b) Address 3705 REXMERE RD. BALT. Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-48 (month) (day) (year)
(c) Cemetery or crematory Lancaster Pa.
Location

18 (a) Funeral director John A. Morgan
(b) Address 3000 E. Balt. St.

19 JUL 30 1948 (Date filed by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 29 1948, at 1:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1948, to JULY 29 1948; that I last saw her alive on JULY 28 1948.

Immediate cause of death CEREBRAL THROMBOSIS. — Duration

Due to ARTERIOSCLEROSIS.

Due to

Other Conditions PYELONEPHRITIS.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Beaven M. D.
Address Union Mem. Hosp. Date signed 7-29-48

G65440

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH / 479

Registered No. G65440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyoman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ (b) County
Port Norris
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME BOARDMAN OGDEN NEWCOMB

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Theresa Biggs Newcomb
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1889

8. AGE: Years	Months	Days	If less than one day
58	10	19	hr. min.

9. Birthplace Port Norris, NJ
(Town, county, and state)
10. Usual Occupation Mate
11. Industry or business Seafarer

FATHER
12. Name Charles Newcomb
13. Birthplace Newport, NJ

MOTHER
14. Maiden Name Mary Moore
15 Birthplace Va.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Aug 1 (b) Date thereof 8-1-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Baptist
Location New Port New Jersey
18 (a) Funeral director John O Mitchell Funeral
(b) Address 1900 Eutaw Place.
19 (a) JUL 30 1948 (b) Huntington W Virginia WV
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 19 48 to July 29 19 48 and that I last saw h alive on July 29 19 48

Immediate cause of death	Duration
Carcinoma of body of uterus metastatic to cervical lymph nodes and brain	7 yrs
Due to	
Due to	
Other Conditions Arteriosclerotic cardiovascular disease	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Robert E. Miller
Address US Marine Hosp. Date signed 7/29/48

VS 150

65441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JL -121624 / 107

Registered No. G65441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Marks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 28, 1861

8. AGE: Years	Months	Days	If less than one day
87	3	-	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? George Jory
13. Birthplace ? England

MOTHER
14. Maiden Name ? Anna Stanter
15. Birthplace ? Pa

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 6009 Harford Road

19 (a) JUL 30 1948 (Date received by Local Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 48 at 5.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 19 48 to July 28 19 48 and that I last saw her alive on July 28 19 48

Immediate cause of death: BRONCHOPNEUMONIA — Duration: 1 WEEK
Due to: SENILITY — 5 YEARS
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard P. Jennings M. D.
Address Baltimore City Hosp. Date signed 7-28-48

VS 150

X

G5442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5/16

G65442 Registered No.

E.J.A. 121464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Camel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Virginia Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: C.

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec.21,1910

8. AGE: Years 37 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name James Haynie (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Dorothy Bee
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/31/48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Wm J. Jackson
(b) Address 916 Edmondson Ave
Washington Nat'l Insurance Co.

JUL 30 1948 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27; 1948, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1948 to July 27, 48 and that I last saw her alive on July 27 48

Immediate cause of death: PULMONARY EMBOLISM — Duration: 1 HOUR

Due to: TUBERCULOSIS OF 5th & 6th THORACIC VERTEBRAE — 1 YEAR

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jarvis M. D.
Address Baltimore City Hosp. Date signed 7-29-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied.

G65443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65443

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Christina Bruggman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frederick Bruggman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1870

8. AGE: Years 77 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER
12. Name George Kemtash
13. Birthplace Germany

MOTHER
14. Maiden Name Susanna Dill
15. Birthplace Germany

16 (a) Informant Mr. Fred. Bruggman
(b) Address 3229 abell ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 512 Hollins St

JUL 30 1948 (Date rec'd by registrar)

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1948 at 10: M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1948 to 7/27 1948 and that I last saw h e alive on 7/27 1948.

Immediate cause of death Arterio sclerotic cardio vascular disease — Duration 6 mos

Due to — Duration

Due to — Duration

Other Conditions Cerebral thrombosis — Duration 2 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.

Address 1530 Wilkens ave Date 7/28 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V13B

G65444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 N. CALVERT ST.
(c) Hospital or institution: UNION MEMORIAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town BALTIMORE,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 N. CALVERT ST.
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD BECKWITH.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	D.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 31 1904

8. AGE: Years 43 | Months 11 | Days 10 | If less than one day 3. hr. 29 min.

9. Birthplace PENNA.
(Town, county, and state)

10. Usual Occupation MUSICIAN.

11. Industry or business

FATHER
12. Name L. B. BECKWITH.
13. Birthplace WISCONSIN.

MOTHER
14. Maiden Name ADDIE E BUCK.
15 Birthplace IOWA.

16 (a) Informant FATHER.
(b) Address IOWA.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 31. 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director Harman Cook Syfer
(b) Address 1600 W. North Ave.

19 JUL 30 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 3:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1948, to July 29 1948, and that I last saw him alive on July 29 1948.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William E. Brown.
Address UNION Mem. Hosp Date signed 7-29-48.

VS 150

X

G65445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579

G65445

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town Selbyville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Downey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20-48

8. AGE: Years | Months | Days 8 | If less than one day ___hr. ___min.

9. Birthplace Del. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jack Downey
13. Birthplace ? Md. ?

MOTHER 14. Maiden Name Mabel Davis
15. Birthplace ? Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7-30-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Odd Fellows
Location Bishopsville, Md.

18 (a) Funeral director Henry H. Watson
(b) Address Pocomoke City, Md.

19 (a) JUL 30 1948 Huntington Mortuary Inc.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 1948 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1948 to 7-28 1948, and that I last saw alive on 7-28 1948.

Immediate cause of death	Duration
collapse	
Due to ?? peritonitis, ?? with obst.	
Due to diaphragmatic hernia - congenital	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/25/48

Major findings of operation: Hernia hernia of diaphragm.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P Mann M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/28/48

I hereby affix my signature, with understanding that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓132

G65446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) doa 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1144 W. Mulberry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM KAMPOR (Campbell)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2995

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1912

8. AGE: Years 36 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Paper hanger

11. Industry or business

FATHER
12. Name Clarence Camphor
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace Md.

16 (a) Informant Catherine Camphor
(b) Address 815 W. Franklin St.

17 (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location W. Baltimore

18 (a) Funeral director Geo. W. Hartsfield
(b) Address 918 Reed St.

19 (a) JUL 30 1948 (b) Huntington W. Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1948, at 7:30 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Miliary Tuberculosis, pulmonary

Due to

Other Conditions
(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Rayn M.D.
Medical Examiner
Date signed 7-29-48

VS 151.

G65447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Greenmount Ave
(c) Hospital or institution: 93
(d) Length of stay in hospital or inst. (yrs., mos., or days) 65 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma Anna Redmond

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband ~~or wife~~ Frank Redmond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/21/1873

8. AGE: Years	Months	Days	If less than one day
75	11	8	hr. min.

9. Birthplace Brunsboro, Carolina Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Thomas Collison
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Anna Haycock
15. Birthplace England

16 (a) Informant Mrs. Joseph Trummiello
(b) Address 3517 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 Jul 30 1948 (Date received by registrar) Huntington Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1948, to 7/29 1948, and that I last saw h~~er~~ alive on 7/28 1948.

Immediate cause of death Asthma bronchitis Cardiovascular Renal Disease — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Joseph S. Blum M. D.
Address 1115 N. Calvert St Date signed 7/29/48

X

G65448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146B

Registered No. G65448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Riggs Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GLORIA AUDREY COOPER S35278

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: HARRY FRANKLIN COOPER

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 14 DEC. 1923

8. AGE: Years 24 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business own Home

FATHER
12. Name John H. Ossmus
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Hazel Bosse
15. Birthplace Balto, Md.

16 (a) Informant Mr. John H. Ossmus
(b) Address 202 Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUL 30 1948 (a) ... Registrar (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 July 1948, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 29 July 1948 to 29 July 1948, and that I last saw her alive on 29 July 1948

Immediate cause of death: Cardio vascular collapse & Pulmonary Edema — Duration

Due to: Traumatic & Surgical Shock (Irreversible)

Due to: Abruptio Placenta & Post partum Hemorrhage

Other Conditions: Toxemia, Preeclampsia. Fulminating

(Include pregnancy within 3 months of death)

Date of operation 29 July 48

Major findings of operation: Couvelaire Uterus, Small tear in uterus ant. wall, at. int. os.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert K Schoenbucher

Address Maryland Gen Hosp Date signed 29 July 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65449

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) October 6, 1873

8. AGE: Years	Months	Days	If less than one day
74	9	21	hr. min.

9. Birthplace Prince George Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? James
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa ?
15. Birthplace Md.

16 (a) Informant Mrs James Johnson
(b) Address 1309 Myrtle Ave.

17 (a) Burial (b) Date thereof 7-31-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburne Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUL 30 1948 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1948 to July 27 48 and that I last saw h alive on July 27 1948

Immediate cause of death — Duration

(a) Cerebral Hemorrhage — 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.

Address 561 Hawk Date signed 7-29-48

BC-48-1514

G65450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G65450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident Hospital 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N Parrish st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Thomas Gurney Jr B Gurney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: N

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/48

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Earl Thomas Gurney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Adrienne Hill
15. Birthplace Baltimore

16 (a) Informant Adrienne Hill
(b) Address 1119 Parrish St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 29 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 30 1948 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1948, at 8:23 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1948 to 7/21 1948, and that I last saw him alive on 7/21 1948

Immediate cause of death: Diarrhea — Duration

Due to —

Due to —

Other Conditions: Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Evan Bickas
Address Provident Hosp. Date sig

VS 150

1119a

G65451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. G65451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Tiffany Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/26/48

8. AGE: Years	Months	Days	If less than one day
			12 hr. 21 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Lawerence Chambers
13. Birthplace Monroe NC

MOTHER
14. Maiden Name Ethel Miller
15. Birthplace Louisa Co Va

16 (a) Informant Mrs Ethel Chambers
(b) Address 1127 Tiffany Ct

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 29 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 30 1948 (Date rec'd by Registrar) (b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1948 at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1948 to 7/27 1948. and that I last saw h[illegible] alive on 7-27 1948.

Immediate cause of death CONGENITAL ATELECTASIS — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Maurice Golan M. D.
Address 238 N. Carey St Date signed 7-27-48

G65452 BC-48-15-48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G65452

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N Parrish St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Anthony Purnell — A Purnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/48

8. AGE: Years	Months	Days	If less than one day
		1	16 hr. 35 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation N' Born Infant

11. Industry or business

FATHER
12. Name East T Purnell
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Adrienne Hill
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Adrienne Purnell
(b) Address 1119 Parrish St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Johns Hopkins Medical School JUL 29 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 30 1948 (Must be filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/ 1948, at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1948 to 7/17 1948 and that I last saw h... alive on 7/17 1948

Immediate cause of death ?

Due to

Due to

Other Conditions Premature birth

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Evan D Bierman

Address Provident Hosp. Date signed 7/18/48

VS 150

48-15265 X

G65453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161a

Registered No. G65453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town DUNDALK #22
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 LIBERTY PKWY
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME KAREN LOUISE DOUGHERTY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-21-48

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name JAMES LEROY DOUGHERTY
13. Birthplace CORTLAND INDIANA

MOTHER
14. Maiden Name FRANCES ALTA COOPER
15 Birthplace PARKTON MD

16 (a) Informant FATHER
(b) Address

17 (a) Disposal of body at Union Memorial Hospital. Written permission from parent. Oral permission from Health Dept
(Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 30 1948 Huntington / Williamsport
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948 at 11 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1948 to July 22 1948, and that I last saw h.C.T. alive on July 22 1948

Immediate cause of death Atelectasis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E B Chamberlin
Address Union Memorial Hosp Date signed 7/23/48 M/D.

X

G65454 #8-08204 BALTIMORE CITY HEALTH DEPARTMENT G65454

CERTIFICATE OF DEATH 157a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 wks, 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) (same)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Stonewood Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME (Baby girl) Brooks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1948

8. AGE: Years	Months	Days	If less than one day
0	3	6	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Kenneth M. Brooks
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Jane Griffin
15. Birthplace Pennsylvania

16 (a) Informant father
(b) Address 1514 Stonewood Rd.

17 (a) Disposal of Body at Union Memorial Hospital Written permission from the father. Oral permission fra Health Dept
(Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director July 21, 1948 93. Supplee MD.
(b) Address

19 (a) JUL 30 1948 Washington Millikan MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1948, to July 21 1948, and that I last saw her alive on July 20 1948.

Immediate cause of death Respiratory failure — Duration

Due to HYDROCEPHALUS

Due to MENINGOMYELOCOELE

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Richard R. Beach M. D.
Address Union Memorial Hosp. Date signed 7/21/48

VS 150

G65455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1213

Registered No. G65455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution:
Sinai 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 4001 Norfolk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Elect. Contractor

11. Industry or business

FATHER 12. Name Joseph

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Minnie Rubin

(b) Address 400 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh

Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 2160 Eutaw Place

19 (a) Filed JUL 30 1948 (b) Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-1948, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1948, to 7-29 1948, and that I last saw him alive on 7-29 1948.

Immediate cause of death Uremia — Duration

Due to Benign prostatic hypertrophy

Due to Glomerulo

Other Conditions Generalized arterial sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. Harris

Address Sinai Hosp Date signed 7/29/48

VS 150

137a

G65456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G65456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd + Calvert Sts

(c) Hospital or institution: Union Memorial Hosp. 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore, maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 3 Wendover Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Frederick Carl Aumann.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Viola Boone Aumann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1875

8. AGE: Years 72 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Aumann + Weakmeister Fur Co

11. Industry or business

FATHER 12. Name Henry Aumann (D)

13. Birthplace Germany (D)

MOTHER 14. Maiden Name Carolyn Watschendorf

15 Birthplace Germany

16 (a) Informant Mrs Joseph O'Connor

(b) Address 3 Wendover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Road

18 (a) Funeral director J. D. Fahey & Sons

(b) Address 1318 Light St.

19 JUL 30 1948 Registered by [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 405 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1948 to July 28 1948, and that I last saw h.m alive on July 28 1948.

	Duration
Immediate cause of death Generalized Carcinomatosis	4 months
Due to Carcinoma of recto-sigmoid colon (Adenocarcinoma)	6 mo +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3-12-48

Major findings of operation: Ca of rectosigmoid Hepatic metastases

of autopsy: Generalized Carcinomatosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. F. Cox, M. D.

Address Union Memorial Hospital Date signed 7-28-48

VS 150

G65457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G65457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2729 Frost St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Frost St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Smalls. Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah Sample
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1894

8. AGE: Years 54 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Northampton Co. Va. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edward Small. Sr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia
15 Birthplace Northampton Co. Va.

16 (a) Informant Virginia
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUL 30 1948 (Date received by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1948, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 26 1948 and that I last saw h[illegible] alive on July 26th 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arterial Sclerosis	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil E. Schwarz M.D.
Address 9 West 20th St. Date signed July 30 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G65458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County do
(c) City or town Baltimore - 13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Blankford ELIZABETH BLANKFARD)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George W. Blankford 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1875

8. AGE: Years	Months	Days	If less than one day
73	2	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Schmelz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eva Hoyer
15. Birthplace Balto., Md.

16 (a) Informant Mr. Henry C. Schmelz
(b) Address 1635 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/48 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

JUL 30 1948 (Date rec'd by registrar) Funeral Director Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 3:41 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1948, to July 27 1948, and that I last saw her alive on July 27 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Hemorrhage	
Due to Hypertension	
Other Conditions Terminal Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Robert Hall M. D.
Address Mercy Hospital Date signed 7/31/48

VS 150

G65459 ✓ G65459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 E. North Ave.
(c) Hospital or institution: 8-V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 E. North Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES STINE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Rosa Stine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1863

8. AGE: Years	Months	Days	If less than one day
85	6	27	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Baltimore Transit- ret

FATHER
12. Name ? Stine
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mr. Harry L. Stine
(b) Address 3406 Erdman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ 31/48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 30 1948 (Date received) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1948 to 7/28 1948
and that I last saw him alive on 7/28 1948

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Tauber M.D.
Address 441 N. Edmondson Ave. Date signed 7/29/48

G65460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 ✓

Registered No. G65460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City of town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Poplar Hill Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary White Sevalle - Leavell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Geo. W. Sevalle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2 - 1873

8. AGE: Years 75 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Linvell Ky.
(Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Dan Goodloe
13. Birthplace Ky

MOTHER
14. Maiden Name Crowder ?
15. Birthplace Ky

16 (a) Informant Goodloe D. White
(b) Address 615 Poplar Hill Ave Salisbury

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-48 (month) (day) (year)

(c) Cemetery or crematory Lincoln
Location N. E. Wash. D. C.

18 (a) Funeral director James F. Stewart
(b) Address Salisbury Md.

19 (a) [illegible] 1948 (b) [illegible] Registrar
(Signature of registrar)

MEDICAL CERTIFICATION 48

20. DATE OF DEATH 7-28 1948, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1948 to 7-28 1948 and that I last saw h[illegible] alive on 7-28 1948.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions Carcinoma of Rt. Breast — 6 Mos.
(Include pregnancy within 3 months of death)

Date of operation 7-9-48

Major findings of operation: Malignancy of Rt. Breast

or autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1202 N Conkling Date signed 7/28/48

VS 150

+ 7/24 Nec

G65461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D ✓

Registered No. G65461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 51 S. Arlington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 51 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Marie Scheidt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Christian Scheidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1865

8. AGE: Years	Months	Days	If less than one day
80	8	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Henry Hachmeister
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kammer
15. Birthplace Germany

16 (a) Informant Charles H. Scheidt
(b) Address 51 S. Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Fred. W. Cole
(b) Address 1200 W. Baltimore St.

19 (a) Date received by Registrar Jul 30 1948 (b) Registrar

V S 150

MEDICAL CERTIFICATION

20

20. DATE OF DEATH July 28th 1948, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 48 to July 28 1948, and that I last saw her alive on July 28 1948.

Immediate cause of death	Duration
(a) Arteriosclerotic myocarditis	1 yr.
Due to (b) Fractured femur	2
Due to (c) —	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. G. Scheidt M. D.
Address 51 S. Arlington Ave Date signed 7/31/48

G65462

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65462

CERTIFICATE OF DEATH 83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 S. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 18 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emma E. Hagner

3 (b) If veteran, name war —
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Joseph
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14th 1880
8. AGE: Years 67 Months 10 Days 15 If less than one day hr. min.
9. Birthplace Cumberland Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Michael Meders
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Caroline Hodel
15. Birthplace Philadelphia Pa.

16 (a) Informant mrs Anna Clemens
(b) Address 23 S. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Gowan & Son
(b) Address 900-03 Hollins St.

19 (a) JUL 30 1948 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 1948 at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1948 to July 29 1948 and that I last saw her alive on July 29 1948.

Immediate cause of death Cerebral Haemorrhage — Duration

Due to Hypertension — Duration

Due to Arteriosclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Denis J. McGrath M. D.
Address 1 E. Randall St. Date signed 7/29/48

VS 150

G65463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 937

G65463 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland and Raynor Ave.
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Colonial Road (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME: Fannie M. Crockett

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William D. Crockett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1880

8. AGE: Years 68 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Mathews Co. Virginia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Home

FATHER
12. Name Andrew Hundley
13. Birthplace Mathew Co. Virginia

MOTHER
14. Maiden Name Julia Callis
15. Birthplace Mathew Co. Virginia

16 (a) Informant Mrs. Iva Crichton
(b) Address 3 Colonial Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John T. Stansbury
(b) Address 2700 Edmondson Ave.

19 (a) JUL 30 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 10:60 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1948 to July 29 1948 and that I last saw ... alive on July 29 1948.

	Duration
Immediate cause of death Acute Pulmonary edema	
Due to Cerebro-vascular accident.	12 days
Due to Hypertensive Arterio-sclerotic Cardiovascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Silverstein M. D.
Address 2121 Belair Rd. Date signed 7/30/48

VS 150

X

G65464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1147

Registered No. G65464

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Comet St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eddie Brooks
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Mattie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-25-16
8. AGE: Years 32 | Months 6 | Days 3 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Herbert Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name Nanny Nash
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy B. Wilson
(b) Address 1700 Brantley ave Huntington Woodlawn, Md

19 (a) JUL 30 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

30A

20. DATE OF DEATH July 28 1948, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1948 to 7/28 1948 and that I last saw him alive on 7/28 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to following Lobectomy	
Due to for Lung Abscess	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/22/48
Major findings of operation: Lung Abscess
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas W. Johns
Address JOHNS HOPKINS HOSPITAL Date signed 7/28/48

VS 150

C65465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

C65465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Russell Edward Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-1939

8. AGE: Years 9 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Stella Jackson
15. Birthplace Cambridge Md

16 (a) Informant Helen J. Saunders
(b) Address 128 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem
Location Brooklyn Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bidnty Ave

19 (a) JUL 30 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to July 28 1948, and that I last saw h alive on July 28 1948.

Immediate cause of death: Ruptured appendix — Duration 2 wks
Due to: Peritonitis — 4
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Reed M. D.
Address 1420 E. Chase Street Date signed July 29-48

VS-130

G665466 121164 E.J.A.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered G665466

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 8
(d) Street No. 4020 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antonio Bianco

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-0507

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1883

8. AGE: Years	Months	Days	If less than one day
64	11	25	hr. min.

9. Birthplace Italy ? (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace Italy

MOTHER
14. Maiden Name Maria ?
15. Birthplace Italy

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Noce
(b) Address 322 S. High St.

19 (a) JUL 30 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 450

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948 at 10:30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1948 to July 27 1948 and that I last saw him alive on July 27 1948.

	Duration
Immediate cause of death Carcinomatosis	days
Due to Ca of oesophagus	mos
Due to	
Other Conditions aspiration pneumonia	hrs

(Include pregnancy within 3 months of death)

Date of operation 7/15/48

Major findings of operation: Ca of lower oesophagus, ending Inoperable

of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jordan Craft M. D.
Address Balt City Hosp Date signed 7/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 665467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital DOA 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARIANO PAGE FAUCELLA (DEAD ON ARRIVAL)

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No. 215-07-9498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Georgia Gori Faucella
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 8, 1892

8. AGE: Years	Months	Days	If less than one day
56	3	21	..... hr. ..... min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business

FATHER
12. Name: Cosimo Faucella
13. Birthplace: Italy

MOTHER
14. Maiden Name: Stella PACE
15 Birthplace: Italy

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2 1948 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Stella Lucci
(b) Address: 322 S. High St.

19 (a) JUL 30 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from --- 19..., to --- 19..., and that I last saw h-- alive on --- 19....

	Duration
Immediate cause of death: 1- Hypertensive cardiovascular renal disease with cardiac hypertrophy	2 yrs
Due to: marked	
Due to: 2- Chronic passive congestion liver, lungs, spleen	2 yrs
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: C.F. van Koreben, Medical Director
Address: Medical Officer in Charge signed 7/29/48
For S.W.B.S. Helfrich, by Horace J. Maddox M.D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C65468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C65468

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 488 days
(e) Length of stay in Baltimore (yrs., mos., or days): 488 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pa. (b) County:
(c) City or town: Linwood (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1623 Ward St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: JAMES CLARK COLLINS

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Hilliard Collins
6 (c) If alive, give age: 7 years

7. Birth date of deceased (mo., day, yr.): Jan. 11, 1882

8. AGE: Years: 66 | Months: 5 6 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Phila, Pa. (Town, county, and state)
10. Usual Occupation: Captain
11. Industry or business: Seafarer

FATHER
12. Name: James Collins
13. Birthplace: Phila, Pa.

MOTHER
14. Maiden Name: Emily E. Field
15 Birthplace: Washington, DC

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Aug 2, 1948 (month) (day) (year)
(c) Cemetery or crematory: Lawncroft
Location: Lenwood, Pa.

18 (a) Funeral director: J. C. Flynn.
(b) Address: Rising Sun Md.

19 (a) Date rec'd by Registrar: Aug 30 1948 Registrar: Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1948, at 9:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1947, to July 29 1948, and that I last saw him alive on July 29 1948.

Immediate cause of death: 1-Adenocarcinoma rectum — Duration: 6 yrs.
Due to: 2- Hydroureter and hydronephrosis bilateral with pyelonephritis severe, due to recurrent tumor — Duration: Unknown
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J.P. Van Ackeren, Medical Director, M. D.
Address: Medical Officer in Charge. Signed 7/30/48

C65469

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 157E

CERTIFICATE OF DEATH

Registered No. C65469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Albany (If outside city or town limits write RURAL and give town)
(d) Street No. 601 Slappey Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Elizabeth Clement

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/30/48

8. AGE: Years — | Months — | Days 9 | If less than one day — hr. — min.

9. Birthplace Atlanta Ga (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Ralph Clement
13. Birthplace Ga

MOTHER 14. Maiden Name Emily
15 Birthplace Ga

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Atlanta Ga (Burial, cremation, or removal) (b) Date thereof July 31 48 (month) (day) (year)
(c) Cemetery or crematory Atlanta
Location Atlanta Ga.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1960 Cutsaw Place

19 JUL 30 1948 (Date rec'd by Registrar) (b) Burington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-48 9:23P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29-1948 to 19 , and that I last saw h[illegible] alive on 7-29 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Congenital Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Cong. Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Berger M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7-30

K

Dr A L Chalfont
6210 York Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 665470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 Harwood Avenue
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Harwood Avenue (If rural give location)
(e) Citizen of foreign country? w (Yes or No)
If yes, name country

3 (a) FULL NAME Domenico Sartori

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212 12 1529

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1885

8. AGE: Years 63 | Months 3 5 | Days 0 | If less than one day hr. min.

9. Birthplace -
(Town, county, and state)

10. Usual Occupation Storekeeper
11. Industry or business Self

FATHER
12. Name Giovanni Sartori
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Freschi
15. Birthplace Italy

16 (a) Informant John Sartori
(b) Address 5406 Ready Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-48 (month) (day) (year)
(c) Cemetery or crematory St. Vincents Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) Date received by registrar JUL 30 1948 (b) Registrar Huntington Williams, M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 5:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1945, to July 28 1948, and that I last saw h[illegible] alive on July 28 1948

Immediate cause of death	Duration
Heart failure as terminal event	
Due to Bronchopneumonia	10 days
Due to Bronchial Asthma	4 yrs.
Other Conditions -	

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury -

23. Signature A. L. Chalfont M. D.
Address 6210 York Rd Date signed July 29 1948

G65471

BALTIMORE CITY HEALTH DEPARTMENT ✓ G65471 Registered No.

CERTIFICATE OF DEATH 93E

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Frederick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 20
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 S. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E Cliffe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Laura Lee Cliffe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-1880

8. AGE: Years	Months	Days	If less than one day
68	0	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Laura L. Cliffe
(b) Address 403 S. Mount St. Baltimore 20 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director F. C. Higinbothom
(b) Address Ellicott City, Md

19 JUL 30 1948 Thurlington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1948 to July 29 1948, and that I last saw him alive on July 29 1948.

	Duration
Immediate cause of death Pulmonary Thrombosis	24 hrs.
Due to Bronchiectasis	3 yrs?
Due to Myocarditis	3 yrs?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E Cliffe M.D.
Address Catonsville 28 Md Date signed 7-31-48

X

G65472

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65472

CERTIFICATE OF DEATH 121

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Henryton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lee Spence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1946

8. AGE: Years 2 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Roscoe Spence

13. Birthplace S Carolina

MOTHER 14. Maiden Name Elz Robinson

15. Birthplace Md

16 (a) Informant Elz Spence

(b) Address Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-348 (month) (day) (year)

(c) Cemetery or crematory Wed Liberty

Location Elba Md

18 (a) Funeral director F C Higginbotham

(b) Address Elwood Carr Md

19 (a) 7-30-1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30 1948, at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1948, to 7-30 1948 and that I last saw her alive on 7-30 1948.

Immediate cause of death cardiac failure — Duration

Due to ruptured appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: ruptured appendix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Bynum M.D. M. D.

Address Univ. Hospital Date signed 7-30-48

VS 150

G65473 ✓ Registered No. G65473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

E.J.A. 120903

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Sievers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife Margaret Sievers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1914

8. AGE: Years 33 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Ill. (Town, county, and state)

10. Usual Occupation Body Polisher

11. Industry or business

FATHER
12. Name Albert Sievers
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Meyers
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto.

18 (a) Funeral director L. J. Leuck
(b) Address 3015 Harford Rd.

19 (a) JUL 30 1948 (Date rec'd by registrar) (b) Hunterston Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1948 to July 29 1948, and that I last saw h im alive on July 29 1948.

Immediate cause of death Far advanced bilateral caseopneumonic tuberculosis with cavitation

Due to Tuberculous pleurisy

Due to Tuberculous adenitis mesenteric

Due to Tuberculosis of liver & spleen.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration
4 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide at M
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret A. Morgan M. D.
Address Balt. City Hosp. Date signed 7-29-48

X

G65474
28-16915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

✓ G65474 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Conotoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1½
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 1½

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Belgian Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Barker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7/28/48

8. AGE: Years	Months	Days	If less than one day
—	—	1	12 hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Premature
11. Industry or business —

FATHER
12. Name Charles Barker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Helen Fuhrer
15. Birthplace Phila. Pa.

16 (a) Informant Mrs. Charles Barker
(b) Address 717 Belgian Ave Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Leonard Buck
(b) Address 4305 Harford Rd.

(c) JUL 30 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 July 1948, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1948 to 7-30 1948, and that I last saw ~~her~~ alive on 7-29 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Atelectasis	
Due to Prematurity	
Other Conditions Live single period of gestation 5-5½ mo. (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur M. Bacon Jr. M. D.
Address Mercy Hospital Date signed 7-30-48

VS 159

G65475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G65475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4705 ROLAND AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4705 ROLAND AVE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lewis M. Elphinstone

3 (b) If veteran, name war: WORLD WAR I
3 (c) Social Security Account No. 215-07-4859

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Olivia LOVELACE SHRIVER
6 (c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): JUNE 26 1884
8. AGE: Years 64 | Months 1 | Days 2 | If less than one day: ____ hr. ____ min.
9. Birthplace: WEST POINT VA (Town, county, and state)
10. Usual Occupation: PRESIDENT
11. Industry or business: CONSTRUCTION EQUIPMENT DISTRIBUTOR

FATHER
12. Name: FRANK M. ELPHINSTONE
13. Birthplace: NEW YORK

MOTHER
14. Maiden Name: NORA MOORE LEWIS
15. Birthplace: KING WILLIAM CO. VIRGINIA

16 (a) Informant: RICHARD S. LOVELACE
(b) Address: 4705 ROLAND AVE BALTIMORE MD
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 31 1948 (month) (day) (year)
(c) Cemetery or crematory: GREENMOUNT
Location: Balto. Md
18 (a) Funeral director: H. W. JENKINS & SONS CO.
(b) Address: 4905 YORK ROAD
JUL 30 1948 (b)
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. **DATE OF DEATH** July 28 1948 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1947, to July 28 1948.
and that I last saw him alive on July 7 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: Sudden
Due to: Cerebral Arteriosclerosis
Due to: Cerebral Thrombosis — Duration: Dec 11 1947
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Carroll Lovelace
Address: 2926 N. Charles St. Date signed: 30 Jul 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. 665476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Brooke Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Auerbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russia

MOTHER
14. Maiden Name Not known
15. Birthplace Russia

16 (a) Informant Irene Schaffer
(b) Address 949 Brooke Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-48 (month) (day) (year)
(c) Cemetery or crematory
Location Philadelphia Pa

18 (a) Funeral director Jack Lewis Inc
(b) Address 2100 Eutaw Place

19 (a) JUL 31 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1948, to July 30 1948, and that I last saw him alive on July 30 1948.

Immediate cause of death	Duration
Ca of stomach (Post operative)	
Due to Ca of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 29

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lee N. Keatley M.D.

Address 3006 N. Milton Date signed 7/31/48

VS 150

G65477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G65477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Dukeland St.
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 86 Northship Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Buehler, Townsend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Margaret S. Buehler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1868

8. AGE: Years 70 | Months 0 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired - Carpenter

11. Industry or business

FATHER
12. Name Thomas Buehler
13. Birthplace unknown

MOTHER
14. Maiden Name Clipp
15. Birthplace unknown

16 (a) Informant Margaret S. Buehler
(b) Address 86 Northship Rd - Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1948 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery
Location 7xx Eastern Ave.

18 (a) Funeral director Roland L. Tipken
(b) Address 71xx Dundalk Ave.

19 (a) JUL 31 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 4:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1948 to 7-29 1948, and that I last saw him alive on 7-29 1948.

Immediate cause of death	Duration
Arteriosclerotic nephritis	Unknown
Due to	
Due to	
Other Conditions Benign prostatic hypertrophy; senile emphysema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin D. L. Dann M. D.
Address West Baltimore Gen'l Hosp. Date signed 7-29-48

X

G65478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

V. G65478 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 257 Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/48

8. AGE: Years	Months	Days	If less than one day
Full term foetus			hr. 2 min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Stein
13. Birthplace Md

MOTHER
14. Maiden Name Laura Crouse
15. Birthplace Md

16 (a) Informant Mr. Frank Stein
(b) Address 252 S. Bouldin Sty

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/48 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Gaylord Ave.

18 (a) Funeral director John B. Connelly
(b) Address 41 Eastern Ave.

19 (a) JUL 29 1948 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 11:00 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to hes death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pontine atelectasis
Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed: July 29, 1948

VS 151

G65479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G65479

ID 107107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yrs 7 mo. & 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3937 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Annie Irene Bollinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1873

8. AGE: Years	Months	Days	If less than one day
75 (73) years	-	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Samuel Bollinger
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Hare
15. Birthplace Md.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-48 (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Hampden)
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road Balto. Md.

19 (a) JUL 31 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28- 1948, at 9:00AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26- 1946, to 7-28- 1948, and that I last saw her alive on 7-28- 1948.

Immediate cause of death	Duration
BRONCHO PNEUMONIA	1 WEEK
Due to ARTERIOSCLEROTIC HEART DISEASE	3 YRS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. P. Jernigan M. D.
Address Baltimore City Hosp. Date signed 7-28-48

VS 153

X

G65480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 W. 42nd Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 W. 42nd Street
(If rural give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3 (a) FULL NAME: Emma Mae Nicholson

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Joseph C. Nicholson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1873

8. AGE: Years 75 | Months 6 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business -

FATHER
12. Name Andrew J. Lambert
13. Birthplace Maryland

MOTHER
14. Maiden Name Octavis Ann Hoffman
15. Birthplace Maryland

16 (a) Informant Mrs. Lillian Mitchell
(b) Address 1339 W. 42nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2 1948 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Carroll Co., Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Rd. Baltimore, Md.

19 (a) AUG 31 1948 (Date rec'd by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948, at 7:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to July 30 1948 and that I last saw h e r alive on July 30 1948

Immediate cause of death	Duration
arteriosclerotic CVD	?
& decomp	
Due to Hypertension	
Due to	
Other Conditions Cerebral Hemorrhage	2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Slaunwhite M. D.
Address 3711 Falls Rd Date signed 7-30-48

VS 150

G65481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

Registered No. G65481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 CEDLEY ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Y 5 M 13 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 CEDLEY ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE E LOCKARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband ~~or wife~~ late PHILIP E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 6 1823

8. AGE: Years	Months	Days	If less than one day
75	3	23	hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name JOHN PUDDER
13. Birthplace MD

MOTHER
14. Maiden Name EVERLINE CARSUCH
15. Birthplace MD

16 (a) Informant MRS FRED SADLER
(b) Address 112 S AUGUSTA AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 31 '48 (month) (day) (year)
(c) Cemetery or crematory ST JOHNS LUTHERAN
Location LEISTERS CHURCH - CARROLL CO.

18 (a) Funeral director Harry A Wiltse
(b) Address 410 E Edmondson Ave

19 (a) JUL 31 1948 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 29 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/48 19 to 7/29 1948 and that I last saw her alive on 7/29 1948

Immediate cause of death	Duration
Essential Hypertension	2 yrs
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Date signed 7/29/48

VS 150

G65482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. G65482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution: St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Kingston Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dolores C. Lange.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) NOV. 27 1904

8. AGE: Years	Months	Days	If less than one day
43	7 8	3	hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Joseph Lange.
13. Birthplace MD

MOTHER
14. Maiden Name Catherine STREB.
15. Birthplace MD

16 (a) Informant (Brother) BERNARD J
(b) Address 302 Kingston Rd.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 2 '48 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD

18 (a) Funeral director Henry H Wright
(b) Address 4101 Edmondson ave

19 (a) JUL 31 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30 1948 at 1 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1948 to 7/30 1948 and that I last saw he alive on 7/30 1948.

Immediate cause of death Cardiac Failure — Duration

Due to Rheumatic e-v disease

Due to c mitral stenosis, auricular fibrillation

Other Conditions & multiple emboli

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney J Venable Jr MD

Address St Agnes Hospital Date signed M. D. 7/30/48

VS 150

G65483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

G65483 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Elsa B. [illegible] Hazlehurst.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	D.

6 (b) Name of husband or wife Hugh Jr. (Divorced)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/6/1891

8. AGE: Years	Months	Days	If less than one day
57	6	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Keeper

11. Industry or business

FATHER
12. Name Joseph C. Baughar (D)
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Adelaide S. Piggott (D)
15. Birthplace Baltimore, Md.

16 (a) Informant Hugh Jr. Hazlehurst
(b) Address 1914 Park Ave

17 (a) Burial (b) Date thereof 8/2/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Fredy Ave.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1948 to July 30 1948, and that I last saw her alive on July 30 1948

Duration

Immediate cause of death Carcinoma of urinary bladder with metastases to liver, lungs
Due to abdominal lymph nodes & with extension to uterus & rectum
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Sanders diagnosis above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frank Supplee, III M. D.
Address Union Memorial Hosp. Date signed July 30, '48

VS 150

665484

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 665484

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert Harris ARCHER ✓

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/3/1882
8. AGE: Years 65 | Months 10 | Days 28 | If less than one day ... hr. ... min.
9. Birthplace (Town, county, and state)
10. Usual Occupation: Manr lawyer
11. Industry or business

FATHER
12. Name: Robert H. ARCHER
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sandra Lee
15. Birthplace: Maryland

16 (a) Informant: wife
(b) Address: same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2/48 (month) (day) (year)
(c) Cemetery or crematory: Presbyterian
Location: Churchville Md
18 (a) Funeral director: Joseph J Foster
(b) Address: Joppa Md
19 (a) AUG 2 1948 (Date rec'd by registrar) Washington Nelson Miller M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1948, at 12:38 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1948 to 7-31 1948
and that I last saw him alive on 7-30 1948

Immediate cause of death	Duration
Hypertensive cardio vascular renal disease	35 years
Due to	
Due to	
Other Conditions bronchopneumonia fibrinous pericarditis	1 week

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W F Corf 3rd M. D.
Address Union Memorial Hospital Date signed 7-31-48

X

G65485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G65485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Carlton Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Carlton Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Green

3 (b) If veteran, name war None
3 (c) Social Security Account No. 217-18-9656

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emma Green
6 (c) If alive, give age years

7. Birth-date of deceased (mo., day, yr.)

8. AGE: Years Over 65 | Months | Days | If less than one day hr. min.

9. Birthplace Calvert County, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Mary Jones
15. Birthplace Unknown

16 (a) Informant Emma Green
(b) Address 1704 Latrobe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Gourley
(b) Address 1216 W. Carlton St

19 (a) Aug 31 1948 (b) Huntington Williamsport Md.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1947 to July 29 1948, and that I last saw h[illegible] alive on July 27 1948.

Immediate cause of death Uremia

Due to Hypertension.

Due to Cardiovascular renal disease.

Other Conditions Varicosities left leg.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Approximate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Garland Russell Jr. M.D.
Address 902 W. Franklin Date signed 7-30-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G65486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Mt. Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward F. Kelley (Kelly)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-26-0973

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Kelley
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) June 6, 1878

8. AGE: Years	Months	Days	If less than one day
70	1	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business City of Baltimore

FATHER
12. Name James T. Kelley
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Durkin
15 Birthplace Ireland

16 (a) Informant Miss Mary A. Kelley
(b) Address 304 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miles Lawrason
(b) Address 1510 Liberty Heights Ave.

19 (a) JUL 31 1948 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1948 to July 29 1948, and that I last saw him alive on July 29 1948.

Immediate cause of death	Duration
Obstructive Jundice	7 days
Due to Acute Cholecystitis	14 days
Due to General Arteriosclerosis with Heart Block.	indefinite
Other Conditions Diabetes Mellitus, Benign Prostatic Hypertrophy	25 yrs.

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph J. Brown Jr. M. D.
Address Mercy Hospital Date signed 7-29-48

VS 150

127a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665487

BALTIMORE CITY HEALTH DEPARTMENT X V 665487

CERTIFICATE OF DEATH 82

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Middletown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Bussard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1897

8. AGE: Years 51 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name N. a. s. Bussard
13. Birthplace Md.

MOTHER
14. Maiden Name Alta Culler
15. Birthplace Md

16 (a) Informant Mamie Bussard
(b) Address Middletown, Md.

17 (a) Burial (b) Date thereof 8-3-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Middletown Lutheran
Location Frederick Co.

18 (a) Funeral director H. K. Dickinson Son
(b) Address Frederick Md.

19 AUG 31 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30 1948, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1948 to 7-30 1948 and that I last saw him alive on 7-30-48 19

Immediate cause of death	Duration
Respiratory & Circulatory failure	
Due to Polyarg myelitis	
Due to Uraemia Prostatic	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Hahn M. D.
Address University Hosp Date signed 7-31-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

Registered No. G665488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5317 Bosworth Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5317 Bosworth Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: DOUGLAS P. SMITH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-05-4565

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ethel Harrell Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1878

8. AGE: Years 69 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Burlington, Ky. (Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business Md. Steel Products Co.

FATHER
12. Name James E. Smith
13. Birthplace King & Queen Co., Va.

MOTHER
14. Maiden Name Mary Perrin
15. Birthplace Ky.

16. (a) Informant Mrs. George Morrison
(b) Address 5317 Bosworth Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/48 (month) (day) (year)
(c) Cemetery or crematory
Location Valdosta, Georgia

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 31 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 350

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1945 to July 29 1945 and that I last saw h[im] alive on July 29 1945.

Immediate cause of death: Chronic Nephritis — Duration 4

Due to: Arteriosclerosis — 15

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 3403 Garrison Blvd. Date signed 7/29/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. G65489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital of Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Woodhaven Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WOLF MAZER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Louis

13. Birthplace Russia

MOTHER 14. Maiden Name Rachel

15. Birthplace Russia

16 (a) Informant Annie Mazer

(b) Address 3810 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-48 (month) (day) (year)

(c) Cemetery or crematory

Location Richmond Va

18 (a) Funeral director Jack Lewis Inc

(b) Address 2100 Eutaw Place

19 (a) AUG 31 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30 19 48, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 19 48 to July 30 19 48 and that I last saw him alive on July 30 19 48

Immediate cause of death	Duration
Bronchopneumonia - Terminal	
Due to	
Due to	
Other Conditions Acute Bacterial Endocarditis ? (Include pregnancy within 3 months of death)	3

Date of operation

Major findings of operation:

of autopsy: not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles M Silverstein

Address Sinai Hospital of Baltimore Date signed 7/31/48

VS 150

107

G65490

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G65490

CERTIFICATE OF DEATH 99

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town ~~Balto~~ Arcadia
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Mercy Hosp. Calvert St~~
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marshall F Armacost

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ or wife Carrie O Bringer FRINGER

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov 8-1893

8. AGE: Years	Months	Days	If less than one day
54	8	22	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name J Franklin Armacost

13. Birthplace Md

MOTHER 14. Maiden Name Matilda F Nolte

15 Birthplace Md

16 (a) Informant Mrs M F Armacost

(b) Address Upperco Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/48 (month) (day) (year)

(c) Cemetery or crematory St Pauls

Location Balto Co Md

18 (a) Funeral director Edw C Tipton

(b) Address Hampstead Md

19 (a) JUL 31 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30 1948, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28-1948 to 7-30-1948, and that I last saw him alive on 7-30-1948.

Immediate cause of death	Duration
Mesenteric Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-29-48

Major findings of operation:

of autopsy: Mesenteric Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. D. Flanigan, Jr. M. D.

Address Marcy Hospital Date signed 7-30-48

VS 159

G65491 BS-48-10360 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65491

CERTIFICATE OF DEATH

159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkes
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County U. S. A.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6503 Frederick Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Chapman
3 (b) If veteran, name war — (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 7/25/48

8. AGE: Years	Months	Days	If less than one day
0	0	6	hr. min.

6 days

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Ward Chapman
13. Birthplace West Va.

MOTHER
14. Maiden Name Anna Swartz
15. Birthplace W. Va.

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Gerrardstown Cem.
Location Gerrardstown W. Va.
18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave Catons
1948 JUL 31 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1948 to July 31 1948 and that I last saw — alive on July 31 1948

Immediate cause of death Respiratory Failure
Due to Prematurity
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Manner of injury —

23. Signature F. H. Sherman M. D.
Address St. Agnes Hosp. Date signed 7-31-48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65492 ✓ 897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Clover Hill Rd.
(c) Hospital or institution:
Pet Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Clover Hill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Stuart Walter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W

6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife Marie Webb Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/26/1887

8. AGE: Years 61 | Months 1887 mter. | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Metallurgist

11. Industry or business Tyson & Rourke Co

FATHER
12. Name Alexis James Walter
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Melvina R. May
15 Birthplace Baltimore Md.

16 (a) Informant Mar Theodore B Warner
(b) Address 3910 Clover Hill Rd.

17 (a) Burial (b) Date thereof 8 2 1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cathedral Cemetery
Location Balto Md

18 (a) Funeral director Henry P. Enkins' Sons Co
(b) Address McCulloh & Orchard, 4945 York Road

19 (a) 1948 (Date rec'd by registrar) Huntington Station

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1923 to July 31 1948, and that I last saw him alive on July 30 1948.

	Duration
Immediate cause of death Pulmonary edema	1 day
Due to Arteriosclerotic Heart disease: symptoms since	Dec 6/47
Due to	
Other Conditions Disseminated sclerosis (Include pregnancy within 3 months of death)	18 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Pl Date signed July 31 1948

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65493 ✓ 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 E. Main St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country [redacted]

3 (a) FULL NAME Thomas Conlin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1883

8. AGE: Years	Months	Days	If less than one day
65	0	15	16 hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Conlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Carr
15 Birthplace Ireland

16 (a) Informant Margaret C. Thomas
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 3 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.
18 (a) Funeral director John R. Byers
(b) Address Westminster Md
19 AUG 1 1948 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1948 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to 7/31 1948, and that I last saw him alive on 7/31 1948

Immediate cause of death: Hypostatic Pneumonia — Duration 1 day
Due to Arteriosclerotic C-V Disease — 2 years
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Lee Chaor M. D.
Address Mercy Hosp. Date signed 8/1/48

Robert E. Chaor

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

665494 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Hollins Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Gleason

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John P. Gleason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1906

8. AGE: Years 41 | Months 9 | Days 5 | If less than one day: hr. min.

9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Joseph Holy
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Anna Baruch
15. Birthplace: Bohemia

16 (a) Informant: John Patrick Gleason
(b) Address: 3322 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-48 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven
Location: Balt. County Md.

18 (a) Funeral director: Geo. L. Schmidt
(b) Address: 2101 Frederick Ave. (Temporary) Washington Heights, Md.

19 (a) (Date received by Registrar) Registrar

AUG 1 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 30 1948 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 23 1948 to JULY 30 1948, and that I last saw HER alive on JULY 30 1948.

Immediate cause of death UREMIA AND CARDIAC DECOMPENSATION — Duration

Due to BENIGN NEPHROSCLEROSIS ARTERIOSCLEROTIC HEART

Due to DISEASE

Other Conditions HYPERTROPHIC CIRRHOSIS OF LIVER (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. Scalia
Address So. Balt. Gen. Hosp. Date signed 7/30/48

131a

G65495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 665495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Guilford Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL L. LYNCH

3 (b) If veteran, name war: WWI
3 (c) Social Security Account No. 218-07-0720

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1889

8. AGE: Years 58 | Months 55 | Days 7 | If less than one day hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Augustus L. Lynch
13. Birthplace Philadelphia Pa

MOTHER 14. Maiden Name Catherine Mc Elroe
15. Birthplace Philadelphia Pa

16. (a) Informant Daniel Lynch
(b) Address 1602 Guilford Ave

17. (a) Final (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E Fayette

19 (a) AUG 1 1948 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948, at 3:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil Rogge M.D. Medical Examiner.
Date signed

VS 151

1 665496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1116

PLACE OF DEATH:
(a) City, Maryland
Street address 1738 E 30th St
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days) 9-6

Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 E 30th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELLA AGNES ALBAN

3 (b) If veteran, name war W

3 (c) Social Security Account No. 219-01-2678

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1887

8. AGE: Years 58 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B Dorsey

FATHER 12. Name George H Alban

13. Birthplace Md

MOTHER 14. Maiden Name Ella Mulligan

15. Birthplace Ireland

16 (a) Informant Annette Alban

(b) Address 1738 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/48 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md

18 (a) Funeral director Pulliam Co Inc

(b) Address Baltimore Md

AUG 1 1948 (a) (Date rec'd by registrar) (b) for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 1 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to July 31 1948 and that I last saw her alive on 7/30 1948

Immediate cause of death Pulmonary Edema — Duration 7 Days

Due to Hypertension — 1946

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter J Barton
Address 4331 Harford Rd Date signed 7/31/48

VS 3

X

AB-5501 G65497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

✓ G65497

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 9

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3606 Hudson St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Frank Osterman, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Emma (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27- 1867

8. AGE: Years 81 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Core Maker

11. Industry or business

FATHER — 12. Name Gerhardt Osterman

13. Birthplace Germany

MOTHER — 14. Maiden Name ? Unknown

15. Birthplace Germany

16 (a) Informant Records-Baltimore City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/48 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Md.

Location Baltimore Co. Md.

18 (a) Funeral director Wilhem Bros. Inc.

(b) Address 1219 E. Coul

19 (a) AUG 1 1948 (Date rec'd by registrar) (b) Washington Baltimore, Md. Registrar

VS :50

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31- 1948, 2.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17- 1934 to 7-31- 1948. and that I last saw him alive on 7-31- 1948.

Immediate cause of death Respiratory failure — Duration: years

Due to Pulmonary tuberculosis bilateral far advanced

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. Hayle Ruston, M. D. M. D.

Address Baltimore City Hospitals Date signed 7/31/48

X

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G65498 CERTIFICATE OF DEATH 467 G65498

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Hilton St. St., Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Edna Almony

(a) Residence: No. 3612 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin

6. DATE OF BIRTH (month, day, year) Mar. 26. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Md.

FATHER

13. NAME Noah Stocksdale

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Stansbury

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Norman E Almony 3622 Elkader City

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 8/3 1948

19. UNDERTAKER (Address) Wilhom Sons & Doe 1211 G Cont

FILED 1948 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st, 1948

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1948, to July 31st, 1948.

I last saw her alive on July 30 1948. Death is said to have occurred on the date stated above, at 10 20 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Carcinoma of Rectum with	2 yrs
Metastasis	

Other contributory causes of importance:

Was an operation performed? yes Date 5/24/48

For what disease or injury? Carcinoma

Name of operation Rection of Rectum & Colostomy

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O H Mclean M. D.

(Address) 617 W. 40th St

V6 2

G665499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G665499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2522 Oakley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 M
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 Oakley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Tomsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1902

8. AGE: Years 46 | Months 1 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name DAvid Besser
13. Birthplace Russia

MOTHER
14. Maiden Name Eva Hartzstone
15. Birthplace Russia

16 (a) Informant Samuel Besser
(b) Address 2522 Oakley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cem
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 [illegible] 1 1948 (b) [illegible] (Date rec'd by registrar) Huntington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 4P. M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1948 to July 30 1948 and that I last saw h[illegible] alive on July 30 1948

Immediate cause of death: Cardiac Failure — Duration 1 day
Due to: Hypocalcitia
Due to: Post Encephalitic Parkinsons — 16 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W J Bayliss M. D.
Address 7040 Eutaw Pl Date signed Aug 4 1948

VS 150

G65500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G65500
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward McKeever

3 (b) If veteran, name war W.W.I

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Ruckman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1888

8. AGE: Years 59 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name James McKeever
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Nagle
15. Birthplace Md

16 (a) Informant Mrs Elizabeth McKeever
(b) Address 1704 W. Lombard St

17 (a) Burial (b) Date thereof Aug 2/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave

AUG 1 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 at 9:00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury.

23. Signature [signature] M.D.
Medical Examiner.
Date signed July 31/48

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65501 — 1948a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Gaithers (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Carr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Zoland Carr
13. Birthplace Maryland

MOTHER
14. Maiden Name Daisy Norwood
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 8-3-48 (month) (day) (year)
(Burial, ~~cremation, or removal~~)
(c) Cemetery ~~or crematory~~ Springfield
Location Sykesville, Carroll Co. Md.

18 (a) Funeral director C. M. Walsh
(b) Address Westfield Md.

19 (a) 8-1 1948 (Date rec'd by registrar) Burlington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29-48 19 to 7-31-48 19, and that I last saw him alive on 7-31-48 19

Immediate cause of death	Duration
Resp. failure	
Due to possible lung abscess	
Due to pneumonia, from wound contusion, left side	
Other Conditions Uremia, diabetes	

(Include pregnancy within 3 months of death)

Date of operation 7-30-48
Major findings of operation: 0
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John White M. D.
Address Univ. Hosp. Date signed 7-31-48

VS 150

8/a

46881 665502

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46 B

Registered No. 665502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred T. Tung
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Valentine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-82

8. AGE: Years	Months	Days	If less than one day
65	8	8	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Peter Tung
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Cyrne
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-48 (month) (day) (year)
(c) Cemetery or crematory Hampstead
Location Carroll County - Md

18 (a) Funeral director Edw C. Tipton
(b) Address Hampstead, Md.

19 (a) 1 1948 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1948 to July 31 1948 and that I last saw him alive on July 31 1948

Immediate cause of death Gastric hemorrhage — Duration

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 31 July 48

Major findings of operation: Carcinomatosis

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard T. Kelly Jr. M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 8/1/48

G65503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G65503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 3118 Sumter Ave
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Sumter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Levenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Harry Sager
13. Birthplace Austria

MOTHER
14. Maiden Name Deborah Koller
15. Birthplace Austria

16 (a) Informant Mrs Morris L Katz
(b) Address 3118 Sumter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 2, 1948 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cemetery
Location Mt Carmel Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) AUG -2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 6.30

20. DATE OF DEATH August 1 1948, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 to Aug 1st 1948, and that I last saw h[illegible] alive on Aug 1st 1948

Immediate cause of death: Senility (Bronchopneumonia) — Duration

Due to

Due to

Other Conditions Herpes Zoster 1 year ago
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Blackaby M.D.
Address 5106 Park Heights Ave Date signed 8/4/48 M D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G665504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 Stratford Rd. Guilford
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Stratford Rd. Guilford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOAGLAND COOK DAVIS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1878

8. AGE: Years 69 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Gold Hill, North Carolina (Town, county, and state)
10. Usual Occupation Medical Doctor
11. Industry or business

FATHER
12. Name James Greene Davis
13. Birthplace New Jersey

MOTHER
14. Maiden Name Alice Cook
15. Birthplace Fayetteville, N. C.

16 (a) Informant Curtis Carroll Davis
(b) Address 5 Stratford Rd, Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory Cross Creek Cemetery
Location Fayetteville, N. C.

18 (a) Funeral director H. H. Weare and Son
(b) Address 805 N. Calvert St.

19 (a) AUG -2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 3:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to July 31 1948, and that I last saw h IM alive on July 31 1948

Immediate cause of death	Duration
Generalized carcinomatosis	1 mo
Due to Carcinoma of caecum	2 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R. Freeman Jr. M.D.
Address 11 W. 25th St. Date signed Aug 1, 1948

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

G65505 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto City
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mon
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mon

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** CHARLES HOFFMEISTER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Otillie Hoffmeister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7th 1872

8. AGE: Years 75 | Months 8 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name E. Albert Hoffmeister
13. Birthplace Germany

MOTHER 14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Edward Hoffmeister
(b) Address 2123 Kimball Terrace Norfolk Va.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Aug. 4 1948 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran Cemetery
Location Stemmers Run

18 (a) Funeral director Sasaki Funeral Home
(b) Address 7401 Belair Rd.

19 AUG -2 1948 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1948 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-48 19.. to 8-1 1948, and that I last saw him alive on 8-1 1948.

Immediate cause of death: General Debilitation — Duration: Feb. 1948

Due to: Carcinoma of Bladder Inoperable

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: Cystoscopic Exam 7-3-48

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Buchness M. D.

Address Mercy Hosp., Date signed 8-1-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto. City
(c) Hospital or institution:
City Morgue 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Fenwick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gerhardt J. Buettner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1903

8. AGE: Years	Months	Days	If less than one day
44	8	1	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Julius R. Buettner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna J Klover
15. Birthplace Germany

16 (a) Informant: Mrs Ernest Habersat
(b) Address 2702 Fenwick Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 2 1948 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran Cemetery
Location Stemmers Run

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Rd.

19 (a) AUG 2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1948, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner
Date signed Aug 2 48

VS 151

G65507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G65507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice De Pasquale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 7-29-91

8. AGE: Years 57 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter Danese
13. Birthplace Italy

MOTHER
14. Maiden Name Ida Martello
15. Birthplace Italy

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2624 Orleans St

19 (a) (Date received by Registrar) AUG - 2 1948 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

40

20. DATE OF DEATH July 31 19 48 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21-19 48 to 7-31-19 48 and that I last saw her alive on 7-31-19 48.

Immediate cause of death ? cong. myocardial infarction — Duration

Due to HCVD + Diabetes Mellitus, Chronic

Due to Nephritis, Gangrene of foot

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William D. Wintemitz M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 7/31/48

X

G65508

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G65508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Oliver Beach (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Slocum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Wm T. Slocum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2-1880

8. AGE: Years 69 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm H. Thom

13. Birthplace Baltimore

MOTHER 14. Maiden Name Cassie Thomas

15. Birthplace Baltimore

16 (a) Informant Mr. Wm T. Slocum

(b) Address Oliver Beach Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore

18 (a) Funeral director Philip Henry Sons

(b) Address 2024 Eden Ave.

19 (a) AUG 2 1948 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1948 to 7-31 1948, and that I last saw h. alive on 7-31 1948.

Immediate cause of death Respiratory Failure — Duration

Due to Cerebral Hemorrhage

Due to Hypertensive, Arteriosclerosis C-V. Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Lightower M. D.
Address University Hosp. Date signed 7-31-48

G65509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 Bennett Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ida Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Matthews
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ward
15. Birthplace Md

16 (a) Informant Samuel Matthews
(b) Address 945 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James Sayres
(b) Address 142 Uphill St

19 (a) AUG -2 1948 (Date rec'd by registrar) (b) Funeral home Huntington Williams, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1948 to 7/30/48, and that I last saw h[illegible] alive on 7/29/48.

Immediate cause of death: Thrombosis Myocardial

Duration: month

Due to: Arteriosclerosis

Due to: Fractured leg

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter F. Rosser M.D.
Address 612 Edmondson Date signed 7/31/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 665510

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 E. 31st. Street
(c) Hospital or institution: 9- 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 E. 31st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IRENES CLAYTON LEWIS

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-07-4746

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Helen M. (Appel) Lewis
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1882

8. AGE: Years	Months	Days	If less than one day
66	6	16	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation
11. Industry or business Insurance - Retired

FATHER
12. Name Robert Lewis
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Miller
15. Birthplace Virginia

16 (a) Informant Mrs. Helen M. Lewis
(b) Address 1709 E. 31st. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 AUG 2 1948 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at 7.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 5 1947 to JULY 30 1948, that I last saw h.IM alive on JULY 30 1948

Immediate cause of death	Duration
CARCINOMA THYROIDITIS	7/2 MO.
Due to ARTERIOSCLEROSIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stuart D. Lyday
Address 301 E. 33rd St. Date signed 7/30/48

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G65511

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 Bethel Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Bethel Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfreda Berry Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No:

4. Sex Female | 5. Color or race Color | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thomas H. Richardson

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 30-1880

8. AGE: Years 68 | Months May | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Boston
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Lee
15. Birthplace Maryland

16 (a) Informant Thomas H. Richardson
(b) Address 214 Bethel Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 '48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Elwood Wilson
(b) Address 1425 Bentley Av

19 (a) AUG - 2 1948 (Date rec'd by registrar) (b) Hunting Park Ave, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 7¼ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1948, to June 29 1948, and that I last saw her alive on June 29 1948.

Immediate cause of death Organic heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Physician Register number

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Garland Schmell, M.D.

Address 1534 Druid Hill Ave Date signed July 31

G65512

Dr. Hystein
888 W. Lombard St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G65512
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Evergreen Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Evergreen Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Laughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret Ellen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1888

8. AGE: Years	Months	Days	If less than one day
59	6	30	hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)
10. Usual Occupation a
11. Industry or business

MOTHER / FATHER
12. Name Jefferson Laughlin
13. Birthplace Balto Co
14. Maiden Name Laura Hines
15. Birthplace Balto Co

16 (a) Informant Mrs. Margaret E. Laughlin
(b) Address 2815 Evergreen Avenue

17 (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) AUG -2 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th, 48, at M

21. I certify that death occurred on the date above stated; that I attended deceased from - 19 47 to July 30 19 48 and that I last saw h alive on July 30 48.

Immediate cause of death	Duration
Coronary occlusion	1 hr.
Due to Arteriosclerotic CVD.	Ser. yrs.
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury GUSTAV HIGHSTEIN -

23. Signature Gustav Highstein M. D.
Address 888 W. Lombard St Date signed 7-31-48.

X

G65513 Dr. Grott

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6811 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6811 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John E. Riley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23. 1871

8. AGE: Years 77 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Henry Kolbe
13. Birthplace Germany

MOTHER
14. Maiden Name Laura Biehl
15. Birthplace Germany

16 (a) Informant Mr. John E. Riley
(b) Address 6811 Harford Road

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-2-48 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (a) AUG -2 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1948 at 4.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1948 to July 30 1948 and that I last saw h.. alive on July 29 1948

Immediate cause of death	Duration
Acute pulmonary edema	1 week.
Due to arteriosclerotic	
Due to cardio vascular	
Other Conditions disease.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Grott M.D.
Address 5100 Harford Rd Date signed 7/31/48

VS 150

G65514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G65514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: Johns Hopkins Hospital 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 Orleans Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MALCOLM LYNCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1924

8. AGE: Years 23 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Stemmers Run Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Clarence Lynch
13. Birthplace Stemmers Run Md

MOTHER
14. Maiden Name Lydia Garnett
15. Birthplace Stemmers Run Md.

16 (a) Informant Helen Wright
(b) Address 1847 N. Spring ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/1948 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Loreley Md.

18 (a) Funeral director Mrs. Robt. A. Elliott, Jr.
(b) Address 1129 N. Caroline St.

19 (a) AUG 2 1948 (b) Huntington Williams, M.D. Registrar
(Date received)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bullet-wound of heart.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-30-48 at ? A.M.
(b) Where did injury occur? 1245 Orleans Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearms

23. Signature Geo. E. Merrill M.D.
Medical Examiner.
Date signed 7-30-48

G-65515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

G-65515
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 East Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN WRIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace N. C.

MOTHER
14. Maiden Name ?
15. Birthplace N. C.

16 (a) Informant Veola Ludlow
(b) Address 166 East St.

17 (a) Burial (b) Date thereof 8-4-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md

18 (a) Funeral director Joseph S. Locke
(b) Address 1354 N. Central Ave

19 (a) AUG -3 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 9:35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis, excluding mouths of coronary arteries.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Merrill M.D.
Medical Examiner.

Date signed 7/30/48

VS 151

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G65516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Aiken St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Aiken St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Eva~~ Mary E. Cain

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Edward J. Cain
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.): July 23, 1881
8. AGE: Years 67 | Months — | Days 8 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: —

FATHER
12. Name: Harry Edmonds
13. Birthplace: Va.

MOTHER
14. Maiden Name: Laura V. Jackson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Edward J. Cain (Husband)
(b) Address: 2222 Aiken St., Balto. 18, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Wed., Aug. 4, 1948 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cem.
Location: Q. A. Co., Md.

18 (a) Funeral director: A. Bouknight Evans
(b) Address: 1400 E. Chase St., Balto. 30, Md.

19 (a) AUG -2 1948 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sun., Aug. 1, 1948 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30, 1948 to Aug. 1, 1948, and that I last saw h[illegible] alive on Aug. 1, 1948.

Immediate cause of death	Duration
Coronary Thrombosis	hrs.
Due to Myocarditis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. H. Headley
Address 2314 Druid Pk. Date signed 8/2/48

VS 150

G65517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65517

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Rockrose Ave.
(c) Hospital or institution: Ardleigh Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days): 15-
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1244 W. 32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: William A. Ball

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife: Bertha M. Ball
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 31, 1888

8. AGE: Years	Months	Days	If less than one day
59 66.	7	—	....hr. ....min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual Occupation: Produce Merchant.
11. Industry or business:

FATHER
12. Name: William A. Ball.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Grace Davis.
15 Birthplace: Md.

16 (a) Informant: Pauline Bunyan.
(b) Address: 1244 W. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 3 1948 (month) (day) (year)
(c) Cemetery or crematory: St Mary's
Location: Hampden.

18 (a) Funeral director: Paul E. Chenowith Jr.
(b) Address: 2615-17 Lakewood Ave.

19 (a) AUG - 2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31, 1948, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1948 to 7-31 1948 and that I last saw h. alive on 7-30 1948

Immediate cause of death	Duration
Cerebral hemorrhage	1 week
Due to: Hypertensive cardio-vascular disease	6 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Irvin Hunter M. D.
Address: 3003 Garrison Blvd Date signed 8-2-48

G65518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G65518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolnie St.
(c) Hospital or institution: St. Joseph's 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Mueller St., Balto. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Christopher Maurer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-5538

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edith Maurer
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr) 2-20-85

8. AGE: Years	Months	Days	If less than one day
63	5	11	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Floor Sweeper
11. Industry or business Continental Can Co.

FATHER
12. Name Nicholas Maurer
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Mrs Edith Maurer
(b) Address 3303 Mueller St., Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48. (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location 7225 Eastern Ave.

18 (a) Funeral director Charles S. Zeiler
(b) Address 901 S. Conkling St.

19 (a) AUG - 2 1948 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1 1948, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1948 to 8-1 1948, and that I last saw him alive on 8-1 1948.

Immediate cause of death Inar. Intracranial Pressure — Duration
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John Rathgeb M. D.
Address St. Joseph's Date signed 8-1-48

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65519

Birth Cert. No 48-15777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 159

Registered No. 65519

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette Ave & John St.

(c) Hospital or institution: Hosp. for the Women of Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Pikesville, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 7031 Alden Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Phyllis Ann Schamberger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1948

8. AGE: Years | Months | Days: under 1 day | If less than one day: 1 hr. 0 min.

9. Birthplace Baltimore Balto, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Robert Joseph Schamberger

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Claire Leslie Weis

15. Birthplace Baltimore Md

16 (a) Informant Hospital Records.

(b) Address Womans Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 3 1948 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Md

18 (a) Funeral director Frank H. Newell

(b) Address Pikesville, Md

19 (a) AUG - 2 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1948, at 7 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 1948, to Aug 1, 1948, and that I last saw her alive on August 1, 1948.

Immediate cause of death	Duration
Asphyxia	
Due to Multiple congenital abnormalities	
Due to Hydramnios	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Vernon C. Kelly M. D.

Address Womans Hospital Date signed

VS 150

157M

G665520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93D

G665520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State W.Va. (b) County
(c) City or town Martinsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Lovett Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGIL WHEELER EVERSOLE

3 (b) If veteran, name war —
3 (c) Social Security Account No. ? 232-26-6553

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 23, 1893

8. AGE: Years	Months	Days	If less than one day
54	10	6	hr. min.

9. Birthplace W.Va.
(Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Seafarer

FATHER
12. Name Lee T. Eversole
13. Birthplace W.Va.

MOTHER
14. Maiden Name Lily M. Reiner
15 Birthplace W.Va.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-48 (month) (day) (year)
(c) Cemetery or crematory George Pat. County
Location York Road
18 (a) Funeral director Earl B Wolverton
(b) Address 403-E-25th St.
19 (a) AUG -2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1948, to July 29 1948, and that I last saw him alive on July 29 1948.

Immediate cause of death Pericarditis with hemorrhagic effusion with cardiac tamponade — Duration 1-2 wks.
Due to
Due to
Other C[illegible]
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

25. Signature J.F. van Ackeren, Medical Director M.D.
Address Medical Officer in Charge Date signed 7/30/48

VS. 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56a

Registered No. G65521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3445 Harwell Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Harwell

3 (a) FULL NAME Elsie K. Fitch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M

6 (b) Name of husband ~~or wife~~ Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb 11-1922

8. AGE: Years	Months	Days	If less than one day
26	5	22	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William D Aldwin
13. Birthplace Md.

MOTHER
14. Maiden Name Anne Hopkins
15. Birthplace Md.

16 (a) Informant Mr Raymond Fitch
(b) Address 3445 Harwell ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4-48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director J. J. Kerr & Son
(b) Address 3061 Pentucky ave

19 (a) Date received by local registrar Huntington Williams Md

AUG

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1948 at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20- 1948 to 8-1- 1948 and that I last saw h alive on 8-1-1948

Immediate cause of death Generalized Peritonitis
Secondary Pathology Appendicitis perforated.
Due to Ruptured Pyemia
Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death.)
Date of operation 7-31-48
Major findings of operation: Peritonitis exist
of Left ovary
of autopsy: Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edelfo Rodriguez M.D.
Address St. Agnes Hospital Date signed 8-1-48.

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G665522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1066 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA STATEN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7 | 7 | 1923

8. AGE: Years 25 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wm Rendleton
13. Birthplace Va.

MOTHER
14. Maiden Name Edna Brafton
15 Birthplace Va.

16 (a) Informant Virginia Caldwell
(b) Address 2242 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 | 4 | 48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Mrs. B. Kelson
(b) Address 1203 Pastman

19 AUG - 2 19 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30-48 19 , at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1948, to 7-31 1948, and that I last saw h alive on 7-31 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Cardiac decompensation	
Due to Chronic glomerulonephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature W. A. Caldwell M. D.
Address University Hosp Date signed 7-31-48

VS 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G665523 Registered No.

C 48-14681 157E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 502
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give name)
(d) Street No. 420 Augusta Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Fountain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-48

8. AGE: Years — | Months — | Days 13 | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Albert Fountain
13. Birthplace Delaware Md

MOTHER 14. Maiden Name Ida Collier
15 Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial Burial, cremation, or removal (b) Date thereof Aug 2-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn Md

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Belvedere Ave

[illegible] 2 1948 (b) Huntington Williams, M.D. (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-48 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29-48 to 19..., and that I last saw living on 7-29-48.

Immediate cause of death	Duration
CONGENITAL HEART (CYANOTIC TYPE)	LIFE
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: BILOCULAR HEART

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul H. Hawley M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G665524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G665524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Walnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Walnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: HERBERT ALAN GILLESPIE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 27, 1888
8. AGE: Years 60 | Months 5 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation President
11. Industry or business Central Metal & Supply Co.

FATHER
12. Name William F. Gillespie
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Adelaide A. Yonger
15. Birthplace Balto. Co.

16 (a) Informant Mr. W. H. Gillespie
(b) Address 1208 Walnut Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1948 (month) (day) (year)
(c) Cemetery or crematory Greenmount Crem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (d) AUG - 2 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 7:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1948. to July 30 1948, and that I last saw him alive on July 30 1948.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: Arteriosclerotic cardio vascular disease	6 mo.
Due to:	
Other Conditions: -	

(Include pregnancy within 3 months of death)

Date of operation -
Major findings of operation: -
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kupp M. D.
Address 3030 Edmondson Ave. Date signed July 31 1948

VS 50

X

BURROWS

G665525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G665525 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5400
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Roslyn Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Captain Edward Harrison Burrows
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 14, 1867
8. AGE: Years 80 Months 8 Days 17 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Sea Captain, - retired
11. Industry or business

FATHER 12. Name William Burrows
13. Birthplace Maryland

MOTHER 14. Maiden Name Georgia Stokes
15 Birthplace Maryland

16 (a) Informant Mr. Wm. E. VanDreele, son-in-law
(b) Address 2404 Roslyn Ave - Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1948 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG - 2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 31 19 48 at 3 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 19 48 to 7-31 19 48 and that I last saw h[illegible] alive on 7-31 19 48

	Duration
Immediate cause of death Respiratory failure	10 hrs.
Due to Carcinomatosis	3 months
Due to Carcinoma of rectum	10 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-10-48
Major findings of operation: Carcinoma of rectum, metastases in liver
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis Harrell Watt M. D.
Address Union Mem. Hosp. Date signed 7-31-48

VS 150

G665526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 77c

G665526 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West. Balto. Gen'l. Hosp. 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert Milton Fee

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lucy J. Fee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1901

8. AGE: Years	Months	Days	If less than one day
47	5	3	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Milton Fee
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Birdie Decker
15. Birthplace Balto., Md.

16 (a) Informant Mr. John R. Fee
(b) Address 2038 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG - 2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1948, at 6:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Acute alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature M.D.
Medical Examiner.
Date signed July 1948

VS 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65527 E.D.A. 121435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G65527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 25
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Chapelgate Lane S. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Finch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 7, 1869

8. AGE: Years 78 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Nesmith
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Luttrell
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address 1940 Eastern Ave.

17 (a) Mstorm (Burial, cremation, or removal) (b) Date thereof Aug 2-48 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St

19 (a) [illegible] D 1948 (Signature and title of local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 9:5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1948, to July 29 1948, and that I last saw her alive on July 29 1948.

Immediate cause of death Fat embolism ? | Duration 2-3+ day

Due to Fracture 3 prox. 1/3 left femur 9 day.

Due to

Other Conditions Broncho pneumonia

(Include pregnancy within 3 months of death)

Date of operation 7-25-48

Major findings of operation: Fracture 3 prox. 1/3 left femur

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 2571
(b) Date of occurrence 7/29/48 at M
(c) Where did injury occur? home Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Patient fell down steps

23. Signature E. Nesmith M. D.
Address Balto City Hosp Date signed 7-29-48
For S.H.C. H. Rahmuel Jr. by X Howard J. Malbin M.D.

VS 150 To Be Approved By Chief Medical Examiner

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65528
A64284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157E

Registered No. G65528

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk, (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 North Branch Road, (If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Barbara Ann Justice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-15-47

8. AGE: Years | Months: 10 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Milton Justice
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Theresa Brzezorki
15. Birthplace Md.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location.....

18 (a) Funeral director Ulmer Funeral Home
(b) Address 2008 Arlington Ave

19 (a) AUG -2 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. - 1 - 1948 at 2.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24/48 1948 to 8/1/ 1948, and that I last saw her alive on 8/1/ 1948

Immediate cause of death Cardiac failure

Due to Congenital Anomaly of the Heart.

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

Date of operation.....

Major findings of operation:.....

of autopsy:.....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature P.A. Lawson M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 8/2/48

VS 159

G65529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G65529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 7
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2243 Lake Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grief, Mrs. Mary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Grief, Mr. John C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1867

8. AGE: Years	Months	Days	If less than one day
80	9	2	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Komber, Mr. —
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Conrad Krause
(b) Address 2247 Lake Ave

17 (a) Cab Burial (b) Date thereof Aug 4th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pa. Lawn Cem
Location

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) AUG - 2 1948 (b) Remington for Holbrook, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1948, at 8 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1948, to 8-2 1948 and that I last saw h~~e~~r alive on 8-2 1948.

Immediate cause of death Cardiac failure — Duration 3 days
Due to Auricular fibrillation
Due to
Other Conditions Evisceration of abd. wound
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cholelithiasis & ruptured duct adenoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. R. Krause M. D.
Address Church Home Hosp. Date signed 8-2-48

X

G65530
447901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157E

Registered No. G65530

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 360 N.W. 66th. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Robert Houck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-45

8. AGE: Years	Months	Days	If less than one day
2	9	18	hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Oliver Houck
13. Birthplace Fla.

MOTHER
14. Maiden Name Martha King
15. Birthplace Fla

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Remove (b) Date thereof Aug 2
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Miami Florida

18 (a) Funeral director Wellrich Funeral Home
(b) Address 2005 Ocean Ct

19 (a) AUG - 2 1948 Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION L-A

20. DATE OF DEATH Aug - 2 - 1948 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27- 1948 to 8-2- 1948
and that I last saw h.m alive on 8-2- 1948

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Congenital Heart Disease	
Due to Tuberculosis Laryngeal & Bronchial Ulcer	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July 30, 1948
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D.A. Cooley
Address JOHNS HOPKINS HOSPITAL Date signed Aug 2, 1948

~~Baltimore 5631~~

C65531

16141 E.J.A.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C65531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 4-7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 300 N. Green St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Harry Stone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1880

8. AGE: Years 67 68 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Lab.

11. Industry or business

FATHER

12. Name Charlie Stone

13. Birthplace ?

MOTHER

14. Maiden Name Maggie ?

15. Birthplace ?

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Aug 3/1948
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Frame & Lyle

(b) Address 1600 N. North Ave

19 AUG - 2 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1948 19 , at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1928 to August 1 1948, and that I last saw him alive on August 1, 1948

Immediate cause of death: Myocardial infarction — Duration: 3 days

Due to: Coronary Occlusion

Due to: Hypertension — 3-4 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (c)

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. T. Nelson

Address Baltimore City Hospitals Date signed 8/1/48

G65532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

✓ G65532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Streets
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 N. Charles Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Focke (Walter David Focke)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 11-5-1866

8. AGE: Years 81 | Months 8 | Days 27 | If less than one day 26 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Eduard Focke
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Smuck
15. Birthplace Maryland

16 (a) Informant Arthur Focke (nephew)
(b) Address 7108 Wardman Rd. Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48 (month) (day), (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 1018 W. Pratt St.

19 (a) Date rec'd by local registrar AUG 2 1948 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/1948, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30/1948, to 8/1/1948, and that I last saw h. m. alive on 8/1/1948.

	Duration
Immediate cause of death: Respiratory Failure + Cardiac Failure	
Due to: Arteriosclerotic C.V. disease	?
Due to:	
Other Conditions: Benign prostatic hypertrophy (Include pregnancy within 3 months of death)	?

Date of operation 6/15/48 5/30/48
Major findings of operation: BPH
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Shenahan Jr. M. D.
Address University Hospital Date signed 8/1/48

X

665533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 665533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & Mt Vernon Pl.
(c) Hospital or institution: at Home 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltotity
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Apts
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna McCreery Gray

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Robertson Gray
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-19-1872

8. AGE: Years 75 | Months 8 | Days 17 | If less than one day — hr. — min.

9. Birthplace Spring Field - Illinois (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name James T. McCreery
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Elizabeth M. Prince
15. Birthplace Virginia

16 (a) Informant Mrs Albert F. Tomkies (daughter)
(b) Address Washington Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-2-48 (month) (day) (year)
(c) Cemetery or crematory Hillsop
Location Henlon - W. Va.

18 (a) Funeral director Stewart Memorial
(b) Address 108 W Mon Ave - Rockville Md

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1948, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1948 to Aug 1st 1948, and that I last saw h-er alive on July 30 1948.

	Duration
Immediate cause of death: Coronary occlusion	1 Day
Due to: Arteriosclerosis	
Due to: Senility	
Other Conditions: Ca	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Ca

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1306 N. Calvert St Date signed Aug 3/48

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65534

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.Mercy Hospital
(c) Hospital or institution: 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 E.Lanvale Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Webb (John Henry Webb)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-16-5619

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Nellie M.Yearley

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 24th 1884

8. AGE: Years 64 | Months 2 | Days 7 | If less than one day ######## min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation BookKeeper

11. Industry or business Machine works

FATHER
12. Name Isaac Webb
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Mitchell
15. Birthplace ~~Delaware~~ Delaware

16 (a) Informant Mrs.Nellie M.Webb - Wife
(b) Address 1213 E.Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.3rd,1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E.North Avenue ,Balto:Md.

18 (a) Funeral director George J.Ruth,Inc.
(b) Address 1735 Harford Avenue

19 (a) AUG -2 1948 (Date rec'd by registrar) Registrar Washington

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1948, at 12.05 P M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said ~~Autopsy,~~ Inspection ~~or Inquiry,~~ find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory failure -

Due to Coronary Heart Disease

Due to Generalized Arteriosclerosis

Other Conditions Hypertensive C.V. Disease

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Robert B. McFaddin M.D.
Medical Examiner.
Date signed 7-31-48

VS 181

G65535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G65535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 N. Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Carrollton Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: EMMA REID

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles F. Reid
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1891

8. AGE: Years	Months	Days	If less than one day
56	10	-	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dennis Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Whittington
15. Birthplace Md.

16 (a) Informant Mr. Charles F. Reid
(b) Address 804 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

AUG -2 1948 (Date rec'd by registrar) (Huntington Williams, MD)

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 30, 1948, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16-1948 to 7-30-1948 and that I last saw h[illegible] alive on 7-28-1948.

Immediate cause of death	Duration
Cardio-Vasc. Dis.	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature McDonald Bando Jr. M.D.
Address 2445 W. Hill Ave. Date signed 8-2-48

X

G65536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65536

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens ave
(c) Hospital or institution:
St. Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5534 Link ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gerald Norcross.

3 (b) If veteran, name war W.W- 2.

3 (c) Social Security Account No. 235-14-4226

4. Sex M.

5. Color or race W.

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~ S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 31-1919

8. AGE: Years 29 Months 4 Days - If less than one day hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Machinist.

11. Industry or business auto

FATHER 12. Name Claude L. Norcross Sr.

13. Birthplace Lafayette, Pa.

MOTHER 14. Maiden Name Amanda Williams.

15. Birthplace Bradford Pa.

16 (a) Informant Miss. V. Bohem.

(b) Address 5534 Link ave. # 27

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-48. (month) (day) (year)

(c) Cemetery or crematory Balto. National Cem.
Location Frederick Road.

18 (a) Funeral director John R. Remp.

(b) Address Halethorpe # 27

19 AUG - 2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1948 at 6 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1948 to 7/31 1948 and that I last saw him alive on 7/3 1948.

Immediate cause of death	Duration
RESPIRATORY FAILURE - HEMATHORAX	
TUBERCULOSIS	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/28/48

Major findings of operation: LUNG ABL PLUM ADAC

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Lewis M.D.

Address 5534 Lynn Lane Date signed 7/31/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Rock Glen Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 502 Rock Glen Rd.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ELIZABETH WROTEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Marion L. Wroten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/23/1855

8. AGE: Years	Months	Days	If less than one day
93	1	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. John Hurley
13. Birthplace Md.

MOTHER
14. Maiden Name Cordelia Frazier
15. Birthplace Va.

16 (a) Informant Mrs. E. W. Clauser
(b) Address 502 Rock Glen Rd. 29

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)
(c) Cemetery or crematory
Location East New Market, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

AUG (a) -2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1948 to July 30 1948.
and that I last saw h[illegible] alive on July 30 1948.

Immediate cause of death	Duration
Cardiac Asthma	48 hr.
Due to Senility	1 yr.
Due to Cardio Vascular disease	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. Edmonds M. D.
Address 1202 W Cold Date signed 8/2/48

VS 150

G65538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town Franklin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence A. Aycock
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Amy Aycock
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 2-13-85

8. AGE: Years 63 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace La. (Le Place) (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Self

FATHER
12. Name Albert A. Aycock
13. Birthplace La

MOTHER
14. Maiden Name Lala Gautreaux
15. Birthplace La

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/48 (month) (day) (year)
(c) Cemetery or crematory Franklin
Location Franklin, La.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Baltimore, Md.

AUG -2 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-23 1948 to 8/2 1948 and that I last saw h alive on 8/2 1948

Immediate cause of death Respiratory failure — Duration

Due to Bronchopneumonia

Due to Post-operative Pulmonary Lobectomy

Other Conditions Carcinoma, right lung

(Include pregnancy within 3 months of death)

Date of operation 24 July 48

Major findings of operation: Carcinoma right lung.

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard F. Kieffer, Jr. M.D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 158

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65539 3c = 48-15807

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G65539

CERTIFICATE OF DEATH 16 c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West. Balto Genl.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Baby Boy Heffner~~ Douglas Glenn Griffen

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2 1948, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1948 to Aug. 2 1948, and that I last saw h[illegible] alive on Aug. 2 1948.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28, 1948

8. AGE: Years | Months | Days: 5 | If less than one day: hr. - min.

9. Birthplace West. Balto Genl Hosp (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Norwood S. Griffen
13. Birthplace Parkton, Md.

MOTHER 14. Maiden Name Gladys Essner
15. Birthplace Baltimore City

16 (a) Informant K. S. Griffen
(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-48 (month) (day) (year)

(c) Cemetery or crematory Jessops
Location Sparks, Md

18 (a) Funeral director H. M. Brooks
(b) Address Sparks, Md.

AUG - 3 1948 (Date rec'd by registrar) [illegible]

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Erythroblastosis fetalis (Uterus premature)	5 days
Due to Erythroblastosis fetalis (Uterus premature)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel F. Silverstein M.D.
Address West Balto Gen Hosp Date signed 8/3/48

VS 150

G65540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65540 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Brackenridge (If outside city or town limits write RURAL and give town)
(d) Street No. 852 3rd Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L Hilliard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~, or divorced: Widowed

6 (b) Name of husband or wife: Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-90

8. AGE: Years 58 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name David Hilliard

13. Birthplace Pa

MOTHER 14. Maiden Name Euphemia Druitt

15 Birthplace Pa

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 3, 1948 (month) (day) (year)

(c) Cemetery or crematory Saxonburg

Location Penna

18 (a) Funeral director W^m Cook Inc

(b) Address 217 St Paul St Balto, Md

AUG - 3 1948 (Date rec'd by registrar) Huntington Williams, MD

VS 139

MEDICAL CERTIFICATION 52 P

20. DATE OF DEATH August 2 1948, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1948 to 8/2 1948, and that I last saw him alive on 8/2 1948.

Immediate cause of death	Duration
Shock	
Due to Abdominal Hemorrhage	
Due to Abdominal Aneurysm	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation July 29, 1948

Major findings of operation:

of autopsy:

PHYSICIAN State the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D.D. Cracken

Address JOHNS HOPKINS HOSPITAL Signed Aug 2, 1948

C65541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a ✓ C65541 Registered No. 698 S. 65541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 N Carey St
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1139 N. Carey St
(If rural give location)
(e) Citizen of foreign country? NW (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Jane Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	widowed

6 (b) Name of husband or wife Stanley Hayes
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22 1855

8. AGE: Years	Months	Days	If less than one day
93	2	8	hr. min.

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business own home

FATHER
12. Name Benjamin Snowden
13. Birthplace Anne Arundel Co. Md

MOTHER
14. Maiden Name Sarah Queen
15. Birthplace Anne Arundel Co Md

16 (a) Informant Mrs. Julia Hayes
(b) Address 1139 Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto City Md

18 (a) Funeral director Charles R. Law
(b) Address 802 Madison Ave

AUG - 3 1948 (Date rec'd by registrar) (b) [redacted]

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MEDICAL CERTIFICATION

20. DATE OF DEATH 7—30—1948, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19— 1948, to 7-30— 1948, and that I last saw her alive on 7-24— 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	41 days
Due to arterio Sclerosis and hypertension	
Due to	
Other Conditions Nephritis	

*(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 N Stricker Date signed 7-30-48

82a

G65542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G65542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-4
(c) Hospital or institution: Union Memorial Hospital, Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Montpelier St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Great Britain

3 (a) FULL NAME Robert Robertshaw Whipp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Marieguita Whipp

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 14, 1864

8. AGE: Years 84 | Months 2 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Stanongly, Yorkshire, England. (Town, county, and state)

10. Usual Occupation Lithographer.

11. Industry or business

FATHER
12. Name Robert Whipp.
13. Birthplace England

MOTHER
14. Maiden Name Christine Wooley
15. Birthplace England.

16 (a) Informant Wife.
(b) Address 927 Montpelier St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1948 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location York Road & 30th St

18 (a) Funeral director John G Moran
(b) Address 5000 Baltimore St

19 AUG - 3 1948 (Date received by Registrar) (b) Huntington W Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1948, at 7 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1948 to 8-1 1948, and that I last saw h.m alive on 8-1- 1948.

Immediate cause of death: Carcinoma of tail of Pancreas — Duration: 6 months

Due to: ..... —

Due to: ..... —

Other Conditions: Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Carcinoma of tail of Pancreas

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature W. F. Coxe M.D.

Address Union Memorial Hospital Date signed 8-1-48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The item of information should be carefully supplied. The

G65543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. G65543

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/4 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 59 S. Paca St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Simms

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/1927

8. AGE: Years 21 | Months 19 | Days - | If less than one day 26 hr. min.

9. Birthplace Darling S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Simms

13. Birthplace S. C.

MOTHER 14. Maiden Name Charlotte Sluckes

15. Birthplace S. C.

16 (a) Informant Albert Simms

(b) Address 1142 N Cross St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)

(c) Cemetery or crematory Latta

Location S. C.

18 (a) Funeral director Isaac L. Brown & Son

(b) Address 1091 W Montgomery St

AUG - 3 1948 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948, at 2:15 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage

Due to Stab wound of chest

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 7-29-48 at approx. 11:30 P M.

(b) Where did injury occur? 1st nr. Wash. Blvd. & Paca St.

(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? no

(d) Means of injury Sharp instrument

23. Signature Earl L. Gaw M.D.
Medical Examiner.

Date signed July 30, 1948

665547

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. 665547

CERTIFICATE OF DEATH 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5620 Dela Grand Ave
(c) Hospital or institution: (Arnoted Gardens)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos,

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Phila. Penna (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura M. Montgomery
3 (b) If veteran, name war —
3 (c) Social Security Account No.
4. Sex F. 5. Color or race W. 6 (a) Single, married, widowed, or divorced W
6 (b) Name of husband or wife Ellwood Montgomery
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 17 1872
8. AGE: Years 75 Months 9 Days 17 If less than one day hr. min.
9. Birthplace New Castle Delaware (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Langston
13. Birthplace Delaware

MOTHER
14. Maiden Name
15. Birthplace Delaware

16 (a) Informant Mrs. Leonard
(b) Address 5620 Dela Grand Ave
17 (a) removal (b) Date thereof 8 3 48 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chester Pa,
18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans st
19 (a) [illegible] (b) [illegible]

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1948 at AM
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to Aug 3 1948, and that I last saw h[illegible] alive on Aug 2 1948.

	Duration
Immediate cause of death Ventricular fibrillation	1 min
Due to myocardial infarction	5 days
Due to Coronary occlusion	5 days
Other Conditions arteriosclerosis & hypertension (Include pregnancy within 3 months of death)	10 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frederick L. Santee M. D.
Address 5200 Wright Ave Date signed 8/3/48

X

G65545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G65545

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or ~~INSTITUTION~~ St. Joseph's 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 W. McComas
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John William Elmore

3 (b) If veteran, name war 10
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.

6 (b) Name of ~~HUSBAND~~ wife Mary Cecilia Elmore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1888

8. AGE: Years 60 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business Palmer's

FATHER 12. Name Unknown Elmore
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary C. Unknown
15. Birthplace Baltimore Md

16 (a) Informant Marie Mueller
(b) Address 211 W. McComas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location G-4 Con

18 (a) Funeral director Wilhom Col Dert
(b) Address 324 Huntington Ave

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948, at 4:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12, 1948 to Aug. 2, 1948 and that I last saw h im alive on Aug. 2, 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary Occlusion	
Due to Carcinoma of Esophagus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7-30-48.
Major findings of operation: Gastrostomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Rathmann M. D.
Address Date signed

VS. 159

G65546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. G65546

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 903 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Arata

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-1928

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-1877

8. AGE: Years	Months	Days	If less than one day
70	10	24	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Joseph Arata
13. Birthplace Italy

MOTHER
14. Maiden Name Carolina Ragge
15. Birthplace Italy

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof (month) (day) (year) 8/4/48
(Burial, cremation, or removal)

(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wilson & Son Fun.
(b) Address 214 E. Fayette St

19 (a) AUG 3 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31- 1948, at 6.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29- 1948, to 7-31- 1948, and that I last saw him alive on 7-31 1948.

Immediate cause of death	Duration
Shock	
Due to Gastric Hemorrhage	
Due to Marginal Ulcer at site of gastro-enterostomy	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Mellinkoff M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 8/4/48

VS 150

G665547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G665547

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Newcombway
(c) Hospital or institution: 26-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street No. 1124 Newcombway (If rural give location)
(d) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA WOOTEN

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Durham H
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): NOV 23 1892
8. AGE: Years 55 | Months 8 | Days 8 | If less than one day: hr. min.
9. Birthplace: Columbia S C (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Braddick
13. Birthplace: S C

MOTHER
14. Maiden Name: Florence Broome
15. Birthplace: S C

16 (a) Informant: John Wooten
(b) Address: 1124 Newcomb Way
17 (a) Burial: (Burial, cremation, or removal)
(b) Date thereof (mo.) (day) (yr.): 8 4 48
(c) Cemetery or crematory: Woodlawn Park
Location: Baltimore Md
18 (a) Funeral director: Williams & Parks
(b) Address: 1244 E Pratt St
19. AUG - 3 1948 (Date rec'd by registrar) Huntington Williams, MD Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/48 19 5:00 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Generalized Arteriosclerosis

Due to

Other Conditions: Diabetes Mellitus
Coronary Vascular Disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, is public place? While at work?
(d) Means of injury:

23. Signature: John R Davis M.D.
Medical Examiner.
Date signed 8/2/48

97

G65548 JL - 121701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G65548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Biddison Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Poindexter

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-09-5763

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1892

8. AGE: Years 56 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Bethlehem Steel Co

FATHER
12. Name William Poindexter
13. Birthplace Va.

MOTHER
14. Maiden Name Willie Moore
15. Birthplace Va.

16. (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17. (a) Final (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory Pasadena
Location Pasadena Md

18 (a) Funeral director Wilbur Cole Dye
(b) Address 1214 E. Pratt St.

19 AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 1948, at 5.15 PM

21. I certify that death occurred on the date above-stated; that I attended deceased from July 31 1948 to Aug. 1 1948 and that I last saw h im alive on Aug. 1 1948.

	Duration
Immediate cause of death CVA	2 Days
Due to Aneurysm ??	10 yrs
Due to HCVD	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Nelson
Address Date signed 8/4/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G65529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 207 North Freeman (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MINOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Eugene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1878

8. AGE: Years 70 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Caroline Co. Va. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name? Myers
15. Birthplace Virginia

16 (a) Informant Mrs. Edith Carey
(b) Address 207 Amity St. Apt 10

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1948 (month, day, year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Lyle A. Wallace
(b) Address 1651 Druid Hill Ave.

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/48 19 , at 7:10 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature John R Dairs M.D.
Medical Examiner.
Date signed 8/5/48

X

ITEMS: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 65550

65550

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 463 Cummings Court.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Alverta Whyte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	N	M

6 (b) Name of husband or wife Geo. Henry Whyte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1913

8. AGE: Years	Months	Days	If less than one day
34 35	8	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George H. Carroll
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Jackson
15. Birthplace Maryland

16 (a) Informant Mr. George H. Whyte
(b) Address 463 Cummings Ct.

17 (a) Burial (b) Date thereof Aug. 3, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenlawn Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lacy A. Holland
(b) Address 1631 Druid Hill Ave.

19 AUG - 3 1948 Interim for Williams, M.D.
(Date received by Registrar)

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30-1948, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-1948, to 7-30-1948, and that I last saw h[illegible] alive on 7-30-1948.

Immediate cause of death Carcinoma of cervix with metastasis to rectum — Duration at Death 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-18-48

Major findings of operation: Carcinoma of cervix

of autopsy: Carcinoma of Cervix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. D. Thomas M. D.

Address Mercy Hospital Date signed 7-30-48

665551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

Registered No. 665551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Hinton Sawyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, (widowed), or divorced.

6 (b) Name of husband or wife James Sawyer
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1867

8. AGE: Years 81 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Edenton, N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Hinton
13. Birthplace Edenton, N.C.

MOTHER
14. Maiden Name Priscilla Johnson
15. Birthplace Edenton, N.C.

16 (a) Informant Annie R. Craig
(b) Address 542 W Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1948 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem'l Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Laura L. Stallard
(b) Address 16 S. Carroll & Hill Sts.

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3.13.40 19 to 7.31.48 19; and that I last saw her alive on 7.30. 19 48.

	Duration
Immediate cause of death: Cerebral hemorrhage	7. 23. 48
Due to: cardiorenal vascular Disease	1940
Due to:	
Other Conditions: Cerebral hemorrhage	5.20.48

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M Parr M.D.
Address 400 N Carrollton Date signed 7.31.48 M. D.

PRESS WHITE PANEL WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G65552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65552 Amended

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 Madison Ave.
(c) Hospital or institution: 14 3/3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Madison Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie May Manokey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles H.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6 1888

8. AGE: Years: 60 | Months: 1 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Calvert Co. Md. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER — 12. Name: William Smith
13. Birthplace: Tappahannock, Va

MOTHER — 14. Maiden Name: Alice Robinson
15. Birthplace: Calvert Co. Md.

16 (a) Informant: Mr. Charles H. Manokey
(b) Address: 1905 Madison Ave, Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 7, 1948 (month) (day) (year)
(c) Cemetery or crematory: Georges Church Cem
Location: Huntingtown, Md

18 (a) Funeral director: Mrs. Geo. H. Hulland
(b) Address: 1631 Druid Hill Ave

19 AUG - 3 1948 (Date rec'd by Registrar) (b) Huntingtown Williams, Md

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31-1948, at 1 45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from June 9 1948 to July 31 1948, and that I last saw deceased alive on July 31 1948.

Immediate cause of death	Duration
Congestive heart failure	4-5 yrs
Due to —	
Due to —	
Other Conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo. H. McDonald, M.D.
Address 844 N Carey Date signed 8/3/48

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C65553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. C65553

Dr. Hunter

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Druid Hill Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** William A. James (JAMES)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emma R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1875

8. AGE: Years 73 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Accomoke City, Md. (Town, county, and state)

10. Usual Occupation Hostler

11. Industry or business

FATHER
12. Name Edward James
13. Birthplace Accomoke City, Md.

MOTHER
14. Maiden Name Ellen James
15. Birthplace Accomoke City, Md.

16 (a) Informant Mr. Joseph Norman
(b) Address 1124 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1948 (month) (day) (year)
(c) Cemetery or crematory Gibbons Mem. Est.
Location Baltimore Co. Md.

18 (a) Funeral director William H. Holland
(b) Address 1621 Druid Hill Ave.

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31/1948 at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26/1948 to 7/31/1948 and that I last saw h[illegible] alive on 7/29/1948.

Immediate cause of death	Duration
Chronic Myocarditis	1yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 4 E. Saratoga St. Date signed 8/3/48

VS 150

correct age is especially important. Physicians: please write

665554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 665554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 Cliftview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Cliftview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM FRANCIS WANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Dora Elliott Wann
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 21, 1875

8. AGE: Years	Months	Days	If less than one day
73	2	11	hr. min.

9. Birthplace Harford County Md. (Town, county, and state)
10. Usual Occupation Carpenter - Gardner
11. Industry or business Retired 2 Yrs.

FATHER
12. Name Wann
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Elizabeth O'Donnell
15. Birthplace Harford County Md.

16 (a) Informant Mr. Melvin C. Wann (son)
(b) Address 1745 Cliftview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4. 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address Baltimore Md.

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) [signature] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1948 at 3, 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1- 1948 to 8-2 1948. and that I last saw h[illegible] alive on 8-2 1948

Immediate cause of death	Duration
Cerebral haemorrhage	2 Wks.
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 36 York Ct. Date signed 8/2/48

X

665555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

Registered No. 665555

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2753 Fenwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Margaret Joslin (MARIE MARGARET JOSLIN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alfred

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1-29-98

8. AGE: Years 50 | Months 6 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Geo. W. King printers

FATHER 12. Name James A. Connor

13. Birthplace Md

MOTHER 14. Maiden Name Katherine Slagle

15. Birthplace Md

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/48 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial

Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address NORTH AVE. & BROADWAY

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 6 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24-1948 to 7-31-1948. and that I last saw her alive on 7-31-1948

Immediate cause of death	Duration
Carcinomatosis	1 year
Due to Carcinoma of Right Breast	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 6th 1948

Major findings of operation: Carcinoma in Weak (Metastasis)

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address JOHNS HOPKINS HOSPITAL Date signed July 31 1948

VS 150

665556 GM. 121732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 665556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3130 Berkshire RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Theodore Barber (THEODORE HART BARBER)

3 (b) If veteran, name war: World War No I

3 (c) Social Security Account No. 212-03-7553

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Mae Roth Barber
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb 10- 1898

8. AGE: Years	Months	Days	If less than one day
50	5	22	X hr. 30 min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation Bakery - Owner
11. Industry or business

FATHER
12. Name Benjamin Barber (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name (D) Miriam Gay
15. Birthplace Philadelphia, Pa.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4040 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Filed by Funeral Director

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 2- 1948 at 10.00A

21. I certify that death occurred on the date above stated; that I attended deceased from 8- 2- 1948 to 8- 2- 1948 and that I last saw him alive on 8- 2- 1948.

Immediate cause of death	Duration
Myocardial infarction	4 hrs
Due to Cor. ath. disease	
Due to	
Other Conditions Pul. edema	>hrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. T. Wilson
Address Date signed 8/2/48

To Be Approved By Chief Medical Examiner

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G65557

G65557 ✓186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5140 Belair Rd.
(c) Hospital or institution: Gardenville Conv. Home 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Ridgecroft Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILHELMINA SCHWEAR

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Frederick Schwear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27th, 1856

8. AGE: Years 92 | Months - | Days 5 6 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name: August W. Fehte
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dora Steve ns
15. Birthplace: Germany

16 (a) Informant: Mrs. Dorothy E. Schneider
(b) Address: 4020 Ridgecroft Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Baltimore, Md.

18 (a) Funeral director: Lazarah Funeral Home
(b) Address: 7401 Belair Rd.

19 AUG 3 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2nd, 1948 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1948 to Aug. 2 1948, and that I last saw h[illegible] alive on July 31 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration: 30 days
Due to: Senile Arteriosclerotic C.V.D.
Due to:
Other Conditions: Fracture Left hip June 15, 1948 (Include pregnancy within 3 months of death)
Date of operation June 1948
Major findings of operation: No autopsy
Pin Cut in left hip etc
of autopsy: Clinical Diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 27/1
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence June 15 1948 at ? M.
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Slipped on floor Home
23. Signature: [illegible]
Address [illegible] Date signed 8/2/48 M.D.

VS 150

To be approved by Chief Medical Examiner [illegible]

G65558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G65558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 S. Eaton Ste
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Eaton Ste
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles A. Hachsmuth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29-1867

8. AGE: Years	Months	Days	If less than one day
80	8	282	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Charles A. Hachsmuth
13. Birthplace Germany

MOTHER
14. Maiden Name Josie Belcher
15. Birthplace Holland

16 (a) Informant Mrs. Ella Hollerman
(b) Address 252 S. Eaton Ste

17 (a) Burial (b) Date thereof Aug-3-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern & E Rds

18 (a) Funeral director Thos F. Connelly
(b) Address 41 Eastern Ave

AUG - 3 1948
(Date rec'd by Registrar)

(b) [redacted]

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MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-48 19 , at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-48 19 , to 8-1-48 19 , and that I last saw h-- alive on 8-1-48 19 .

Immediate cause of death	Duration
Carcinoma of Sigmoid Colon	
Due to	
Due to	
Other Conditions Arteriosclerotic Cardiovascular Disease	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John Constantini, M.D.
M. D.
Address 231 S. Conkling St Date signed 8-2-48

John Constantini X

G65559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G65559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp. 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 W. Henrietta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Willie Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1915.

8. AGE: Years 33 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Lynchburg, S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Boyle.
13. Birthplace Lynchburg, S. C.

MOTHER
14. Maiden Name Hattie Wilson
15. Birthplace Lynchburg S. C.

16 (a) Informant Moby Boyle Woodwin
(b) Address 1091 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1948 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St. Huntington Williams, Mgr.

19 AUG - 3 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH July 30, 1948 19, at 8:25 M.

21. I certify that I took charge of the remains described above, held an Inv. & Insp. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D. (Medical Examiner)
Date signed July 31/48

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G65560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G65560
Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson Butler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife William Butler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1907

8. AGE: Years	Months	Days	If less than one day: hr.	min.
40 41	8	30		

9. Birthplace Williamsburg Va.
(Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Williamsburg Va.

16 (a) Informant William Butler
(b) Address 713 Harlem Ave

17 (a) Burial (b) Date thereof Aug 3, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Williamsburg
Location Virginia

18 (a) Funeral director Mrs Katie B. Williams
(b) Address 322 N. Schroeder St.
(Funeral home) Huntington Williamsburg, Md.

19 AUG - 3 1948 (b)
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1948 at 4.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1948 to 7-31 1948 and that I last saw h alive on 7-31 1948

Immediate cause of death		Duration
	Diabetic Mellitus	7
Due to		
Due to		
Other Conditions	Coma Diabetic	1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 761 Hollins Ave Date signed 8-2-48

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G65561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G65561
Registered No.

GM. 113699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 Etting ST. Z 17 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Eugene Dorsey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife Viola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12- 1906

8. AGE: Years	Months	Days	If less than one day
42 41	-	21	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Marshall Dorsey
13. Birthplace MD.

MOTHER
14. Maiden Name Minnie Waters
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory mt Zion
Location mg

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Presstman St

19 (a) AUG - 3 1948 (Date rec'd by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 2- 1948, at 6.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9- 9- 1947, to 8- 2- 1948, and that I last saw h im alive on 8- 2- 1948.

Immediate cause of death	Duration
Respiratory failure	?
Due to 1) Pulmonary tuberculosis	? years
2) ~~Bulbar~~ Tuberculosis Enteritis	
Due to Tuberculous bronchitis	
Other Conditions Dehydration Inanition	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pul.m.t.b. & gastroenteritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Hayle Burton
Address Baltimore City Hospitals Date signed M. 8/2/48 D.

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X

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

665562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓83a

Registered No. 665562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1561 Richland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1561 Richland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza HARRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Dep

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1904

8. AGE: Years	Months	Days	If less than one day
44	3	9	hr. min.

9. Birthplace Columbia S. C.
(Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name ?
13. Birthplace S.C.

MOTHER
14. Maiden Name Emma ?
15. Birthplace S. C.

16 (a) Informant: Helen Harris
(b) Address 1561 Richland, Dp

17 (a) Burial (b) Date thereof 8/6/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location md

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Presidman St

19 (a) AUG - 3 1948 (b) Huntington & Williams, Inc.
(Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948, at 9 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at: home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George V. Merrill M.D.
Medical Examiner.
Date signed 8/2/48

665563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. 665563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: WEST BALTIMORE GENERAL HOSPITAL. 10-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Brentwood Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Julius De Baer (JULIUS DeBAER.)
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-01-6348.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Fannie DeBaer.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1895.

8. AGE: Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Butcher.
11. Industry or business

FATHER
12. Name Herman DeBaer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Annie Roskopf.
15. Birthplace Germany.

16 (a) Informant Mrs. Fannie DeBaer.
(b) Address 1100 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1948. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) AUG - 3 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July Aug. 1 1948, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1948, to Aug. 1 1948, and that I last saw him alive on Aug. 1 1948.

Immediate cause of death	Duration
Cardio-respiratory arrest.	
Due to Renal Disease of Undetermined Etiology	6 mos.
Due to with bilateral pleural effusion & adherent pericarditis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Silverstein M. D.
Address West Balto. Gen. Hosp. Date signed

G665564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G665564

CH. 94278

13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1466 Stevenson ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Althea Ridgeway

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Ellsworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 14- 1922

8. AGE: Years	Months	Days	If less than one day
26 25	-	19	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Kirby (D)
13. Birthplace MD.

MOTHER
14. Maiden Name Gladys Carey
15. Birthplace MD.

16. (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 5 48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Bor. Patapsco Highway.

18 (a) Funeral director Chas F. Dill
(b) Address 1501 E. Fort Ave

19 (c) AUG 3 1948 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 2- 1948, at 12.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 20 1945 to 8- 2- 1948, and that I last saw her alive on 8- 2- 1948

Immediate cause of death: Shock — Duration: Minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8/2/48

Major findings of operation: Normal Anatomy - 2nd Stage Thoracoplasty THORACOPLASTY

of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman J. Cole M.D.
Address 4940 Eastern Ave Date signed 8/3/48

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G65565

Please write the causes of death clearly and legibly! Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dedwood + Greene St.
(c) Hospital or institution: University Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BREHM, GEORGE Dr. George Alexander Brehm
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: DOTTIE BREHM
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) July 17, 1866
8. AGE: Years 82 | Months 0 | Days 14 | If less than one day: hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation physician
11. Industry or business

FATHER
12. Name George Brehm
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Johnson
15. Birthplace United States

16 (a) Informant Mr. Harlan Brehm
(b) Address 1704 Hall Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.
18 (a) Funeral director Miller & Lamoreaux
(b) Address 1005 W. Baltimore St.
AUG 3 1948 (a) Date rec'd by Registrar (b) Huntington Williams, MD

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1st, 1948, at 1:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1948 to 8-1-1948 and that I last saw h im alive on 8-1-1948

Immediate cause of death	Duration
Thrombosis coronary heart failure	
Due to Gen'l. Peritonitis	
Due to Perforated Cancer of Sigmoid	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. A. Tiemann M. D.
Address Univ. Hosp. Date signed 8/1/48

W. A. Tiemann

G65566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G65566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Bond (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIS ALLEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-5606

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/5/15

8. AGE: Years 32 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Prince Edw. Co Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Allen
13. Birthplace Prince Edw. Co Va

MOTHER
14. Maiden Name Margrette Foulks
15. Birthplace Prince Edw. Co Va

16 (a) Informant Samuel Allen
(b) Address 1000 12 Street Hopkins Pct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory Handley Sidney
Location Prince Edw. Co Va

18 (a) Funeral director Robert E Williams
(b) Address 1545 McElderry

19 (a) AUG 3 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948, at 10 05 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet-wound of heart and right lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 10:05
(a) Date of injury August 1, 1948 P.M.
(b) Where did injury occur? 1645 Orleans St.
(Specify whether injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury 22 - Rifle

23. Signature George G. Merrill M.D. Medical Examiner.
Date signed 8/2/48

VS 151

correct age is especially important. Physicians: please write the c... ...ment of information should be carefully supplied. The ... the causes of death clearly and legibly.

665567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. 665567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6-5
(c) Hospital or institution: Johns Hopkins Hosp. Dobs
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME JOHN ANDERSON

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13-1897

8. AGE: Years 59 | Months MT 8 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Washington N. C.
(Town, county, and state)

10. Usual Occupation Saloon

11. Industry or business .....

FATHER
12. Name Been Bryant
13. Birthplace Washington N. C.

MOTHER
14. Maiden Name Sarah Bryant
15. Birthplace Washington N. C.

16 (a) Informant: Nora anderson
(b) Address 1507 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn

18 (a) Funeral director Elroy J. Wilson
(b) Address 1500 Braddish Ave

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948 at 1 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH .....
Carcinoma of head of pancreas
Cirrhosis of liver.
Due to Peritonitis

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature George G. Merrill M.D.
Medical Examiner.
Date signed 8/3/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

65568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland, Madison St & Fiduciary
(b) Street address 506 Kingsway Rd
(c) Hospital or institution: Maryland Sol Hosp. 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Kingsway Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Wahl

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah Kathryn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/1/81

8. AGE: Years 67 | Months 2 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Bus. Man

11. Industry or business

FATHER
12. Name Emil Wahl
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Martin
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory Rose Hill cemetery
Location Hagerstown Md.

18 (a) Funeral director Joseph D Mitchell & Son
(b) Address 1900 Eutaw Pl.

19 (a) AUG 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1948, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30 1948 to 8/1 1948 and that I last saw him alive on 8/1 1948

Immediate cause of death: Cardio-respiratory failure — Duration: 2

Due to Arteriosclerosis Pneumonia — 20 years 3 days

Due to Nephrosclerosis — & 20 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marguerite Louise Candler M.D.
Address Maryland Sol Hosp. Date signed 8/1/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G65569

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Henry Schuyler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years	Months	Days	If less than one day
64?			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name John Schuyler
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location [redacted]

18 (a) Funeral director [redacted]
(b) Address E. [redacted]

19 AUG - 3 1948 (Date rec'd by Registrar) [redacted]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14- 1948, at 2.45AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7- 1948 to 7-14- 1948 and that I last saw him alive on 7-14- 1948.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Arteriosclerosis	years
Due to Alcoholism, Chr.	years
Other Conditions Bronchopneumonia	7 days

(Include pregnancy within 3 months of death)
Date of operation 7-11-48
Major findings of operation: Edema of brain
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman J. Esle, M.D.
Address 4940 Eastern Ave Date signed 7/22/48

665570 JL - 120238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. 665570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 42
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Mary Emma Collins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1900

8. AGE: Years 48 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Dies
13. Birthplace Va.

MOTHER
14. Maiden Name Louise Walter
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 2 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1948 at 11.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1948 to July 19 1948 and that I last saw her alive on July 19 1948

Immediate cause of death: Myocardial infarction — Duration 18 hrs
Due to: Hypertension, chronic — 7 yrs
Due to: — 8 yrs
Other Conditions: Hemiparesis, left — 4 mos
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Merrill F. Nelson
Address Balt City 14 Date signed 7-20-48

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

G65571

GM. 120462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. G65571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edward Begees

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
58 ?			hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wesley ?
13. Birthplace S.C.

MOTHER
14. Maiden Name Arilla
15. Birthplace S.C.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) AUG -3 1948

University Medical School AUG 2 1948
Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 - 1948, at 7.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6- 15- 1948 to 7- 16- 1948 and that I last saw him alive on 7- 16- 1948

Immediate cause of death: Respiratory failure — Duration: 8 WKS

Due to: Pulmonary tuberculosis - hematogenous dissemination. — 8 WKS / 3 WKS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Gayle Burton M. D.
Address 4940 Eastern Ave Date signed 7/23/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G65572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 E. 41st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 E. 41st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W. SANDERS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillian J. Sanders (nee Blessing)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 25, 1882
8. AGE: Years 66 | Months 4 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Jacob C. Sanders
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Silver
15. Birthplace Unknown

16 (a) Informant Mrs. Lillian J. Sanders
(b) Address 800 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 AUG -3 1948 (Date rec'd by registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1948, at 11:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 '48 to Aug 2 1948 and that I last saw him alive on Aug 2 1948

Immediate cause of death: Acute Cardiac Dilatation — Duration: 1 day
Due to: Lobar Pneumonia — 2 days
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation July 17/48
Major findings of operation: Right Inguinal Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John G. Hanna M. D.
Address 11 E. Lexington St. Date signed 8/2/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G65573 Registered No.

GM. 116434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 W. Lanvale ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Rose Shipley

3 (b) If veteran, name war: none

3 (c) Social Security Account No. --

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21 1866

8. AGE: Years 82 | Months 6 | Days 11 12 | If less than one day hr. min.

9. Birthplace Balto. MD.
(Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER
12. Name John T. Shipley
13. Birthplace Balto. MD.

MOTHER
14. Maiden Name Virginia E. Waters
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 AUG - 3 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 2- 19 48 at 10.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1- 8- 19 48 to 8- 2- 19 48 and that I last saw h... alive on 8-2- 19 48.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to: Ca of large bowel — 1 year

Due to: generalized metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 2-25-41

Major findings of operation: Ca of large bowel & metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Leone M. D.
Address 4940 Eastern Ave Date signed 8-3-48

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

State Anatomical 231752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G65574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Eden, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Sails

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 12-23-97

8. AGE: Years 50 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Henry Thomas

13. Birthplace ?

MOTHER 14. Maiden Name Martha Eston

15. Birthplace ?

16 (a) Informant records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School AUG 2 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG - 3 1948 (Date rec'd by registrar) (Signature) Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 11 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1948 to 7-25- 1948, and that I last saw her alive on 7-25- 1948.

	Duration
Immediate cause of death Chronic cachexia	6 wks.
Due to Carcinoma of Stomach and Cerebro-Vascular	
Due to Hemorrhage	1 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6/25/48

Major findings of operation: Carcinoma of stomach - with metastases

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David C. Sabiston Jr M.D.

Address JOHNS HOPKINS HOSPITAL Date signed 7/26/48

665575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 937

Registered No. 665575

Type or print the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: THE UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 3 hrs. 18 min.
(e) Length of stay in Baltimore (yrs., mos., or days) about 3-4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State PENN. (b) County
(c) City or town ALTOONA, PENN. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 SIXTH AVE. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country —

3 (a) FULL NAME WILLIAM C. CRIDER

3 (b) If veteran, name war

3 (c) Social Security Account No. 171-07-7382

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife META O. CRIDER
6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr) April 10, 1890

8. AGE: Years	Months	Days	If less than one day
58	3	24	23 hr. min.

9. Birthplace BEL AIR COUNTY PENN. (Town, county, and state)
10. Usual Occupation assistant Superintendent
11. Industry or business Long Valley Electrical Co.

FATHER
12. Name Herman Crider
13. Birthplace Center County, PENN.

MOTHER
14. Maiden Name Emma Weld
15 Birthplace Center County, PENN.

16 (a) Informant Wife, Daughter-in-Law, & Son.
(b) Address altoona, Penn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 48 (month) (day) (year)
(c) Cemetery or crematory Oak Ridge
Location Altoona Pa.

18 (a) Funeral director Frank H. Sell
(b) Address 814 4th Ave

AUG - 3 1948 (Date rec'd by Reg.) (b) Huntington Williamson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3, 1948 19 , at 11:02 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 3 1948, to Aug 3/ 1948, and that I last saw h~~im~~ alive on Aug 3/ 1948.

Immediate cause of death	Duration
[redacted] Pulmonary Circulatory Collapse	about 5-6 hrs.
Due to Coronary Thrombosis	about 6 hrs.
Due to, Hypertensive Arteriosclerotic Cardio-vascular disease.	about 8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy old post. coronary occlusion, recent anterior MI, Coronary sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frank Supplee, Jr. M. D.
Address Union Memorial Hosp Date signed 8-3-48

VS 150

G665576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 137a

G665576 Registered No.

Write the cause of death clearly and legibly. Physicians: please write the correct age is especially important. Physicians: please write the correct age is especially important. Physicians: please write the correct age is carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Henery Madden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Ardella Madden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-25-1883

8. AGE: Years 64 | Months 6 8 | Days 9 8 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Nicles Madden
13. Birthplace Reisterstown

MOTHER
14. Maiden Name Liza Valet
15. Birthplace Reisterstown

16 (a) Informant Ardella Madden
(b) Address Reisterstown Md.

17 (a) Burial (b) Date thereof Aug 13 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Lukes
Location Reisterstown Md

18 (a) Funeral director J. F. Cline Sons
(b) Address Reisterstown Md

19 AUG - 4 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1948 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1948 to Aug 3 1948 and that I last saw him alive on Aug 3 1948.

Immediate cause of death Cardiac infarction

Due to Anesthetic while in surgery for Supra pubic prostatectomy

Duration

Other Conditions Benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Date of operation Aug 3 1948

Major findings of operation: Enlarged prostate

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. Martin M.D.
Address Maryland Gen. Hosp. Date signed 8/3/48 D

To be approved by X Medical Examiner

G65577

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65577

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural - Brunswick
(If outside city or town limits, write RURAL and give town)
(d) Street No. W. Potomac St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Melva Eberhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/1895

8. AGE: Years	Months	Days	If less than one day
53	1	31	hr. min.

9. Birthplace Brunswick Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name James Phillips
13. Birthplace Maryland.

MOTHER
14. Maiden Name Ruby Simms
15. Birthplace Maryland.

16 (a) Informant James Eberhart
(b) Address 1428 S. Charles St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director C. H. Feste & Bro
(b) Address Baltimore Md.

19 (a) AUG - 4 1948 (Date rec'd by Registrar) (b) Huntington Milligan M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 3, 1948 at 2.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 27, 1948 to AUGUST 3 1948 and that I last saw HER alive on AUGUST 3 1948.

Immediate cause of death	Duration
CEREBELLAR HEMORRHAGE	
UREMIA	
Due to HYPERTENSIVE CARDIO VASCULAR DISEASE	
Due to BENIGN NEPHROSCLEROSIS	
HYPOSTATIC PNEUMONIA	

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Samuel P. Scalia
Address So. Balto. Gen. Hosp. Date signed 8/3/48

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G65578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G65578 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 321 South Gilmore (If rural give location)
(e) Citizen of foreign country? (Yes or No).
If yes, name country

3 (a) FULL NAME WILLIAM A. MILLER
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1872

8. AGE: Years 76 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Blind Brothers
(b) Address 2097 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48

(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director Wilson Cook Dye
(b) Address 1217 St Paul St

AUG 4 1948

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/48 19 , at 1030 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 8/7/48

VS 15!

G65579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G65579

Every item of information should be carefully supplied. Write plainly, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 ELMHURST RD.
(c) Hospital or institution: 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Elmhurst Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME LYDIA ELIZABETH FLEDDERMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 22, 1868

8. AGE: Years 80 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Her
11. Industry or business —

FATHER
12. Name John Ball
13. Birthplace Md

MOTHER
14. Maiden Name Katharine Carr
15. Birthplace Md

16 (a) Informant Daughter, Mrs John H. Frederick
(b) Address 7 Elmhurst Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 605 N. Eutaw St.

AUG - 4 1948 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948 at 8:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1948 to Aug 2 1948 and that I last saw h ER alive on Aug 2 1948

Immediate cause of death
Cerebral Embolism — Duration 2 Days

Due to Coronary Thrombosis — 5 days

Due to Arteriosclerosis C-V-D — 2 weeks

Other Conditions Hypertension C-V-D — 2,

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Scarff M. D.
Address Thornwood Rd Date signed Aug 2, 48

VS 150

665580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65580

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 Maine Ave.
(c) Hospital or institution:

2 d 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Maine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN ALBERT HESS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ada M. Hess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1885

8. AGE: Years	Months	Days	If less than one day
63	2	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Bookkeeper - retired
11. Industry or business

FATHER
12. Name Charles B. Hess
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna D. Jarvis
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ada M. Hess
(b) Address 4407 Maine Ave.

17 (a) Burial (b) Date thereof 8/4/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 AUG - 4 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1, 1948, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Aug 1 1948, and that I last saw h alive on July 20 1948.

Immediate cause of death Uraemia — Duration 1 day

Due to Cardiovascular Renal disease — 2yrs.

Due to Arteriosclerosis — 9yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Borza McInnes M.D.
Address 28 W 25th St. Date signed 8-4-48

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

65581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 65581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3105 Gwynns Falls Pkwy.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Gwynns Falls Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: AMELIA M. CRANE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William H. Crane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1875

8. AGE: Years 72 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clause H. Asendorf
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Thiemyer
15. Birthplace Balto., Md.

16 (a) Informant Mr. Wm. H. Crane, Jr.
(b) Address 3105 Gwynns Falls Pkwy.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory Hollywood Cem.
Location Richmond, Va.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG - 4 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1948, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1948 to Aug 2 1948 and that I last saw h.. alive on Aug 2 1948.

Immediate cause of death	Duration
Cerebral hemorrhage and paralysis	1 day
Due to	
Due to Arterio-sclerosis Hypertension	P P
Other Conditions Myocarditis	about 1 mo.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter D. Liddell M. D.
Address 2220 Harvard Blvd. Date signed Aug 2/48 82a

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

65582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111a

✓ G65582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 Beaumont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 10
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Beaumont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. DORSEY ATKINS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: no

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Maude Estelle Atkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): Sept. 6, 1887

8. AGE: Years: 60 | Months: 10 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Keyser, W. Va. (Town, county, and state)
10. Usual Occupation: Pharmacist
11. Industry or business: Own business

FATHER
12. Name: Silas Atkins
13. Birthplace: W. Va.

MOTHER
14. Maiden Name: - Cammeron
15. Birthplace: W. Va.

16 (a) Informant: Miss Frances V. Atkins
(b) Address: 818 Beaumont Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)
(c) Cemetery or crematory: Rosedale Cem.
Location: Martinsburg, W. Va,

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

AUG - 4 1948 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1948, at 6:45p M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1948 to Aug. 2 1948 and that I last saw him alive on Aug 2 1948.

Immediate cause of death: Pulmonary Embolism and infarction — Duration: 1 day
Due to: Arteriosclerosis — 5 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Earl H. Benson, M.D.
M. D.
Address 5111 York Rd Date Aug. 3, 1948

VS 153

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

G65583 Registered No.

5583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 W. Saratoga St.
(c) Hospital or institution: 20-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: SARAH J. WISE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: George W. Wise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 13, 1860

8. AGE: Years 88 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Robert Shipley
13. Birthplace: Va.

MOTHER
14. Maiden Name: Mary Rose
15. Birthplace: Va.

16 (a) Informant: Mr. Harry T. Wise
(b) Address: 309 Greenwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 AUG - 4 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1st, 1948, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1947 to 1 Aug 1948 and that I last saw h[illegible] alive on 1 Aug 1948.

Immediate cause of death	Duration
Arteriosclerotic Hypertensive Cardio-Vascular-Renal Disease	5 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D. M. D.
Address 4508 Edmondson Village Date signed 2 Aug 48

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G65584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65584 Registered No. 49a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2/3 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 2/3 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Rural - Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. Riviera Beach (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Theresa Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Creighton Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1884

8. AGE: Years 64 | Months 6 | Days - | If less than one day hr. min.

9. Birthplace Phila Penn. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Fisher
13. Birthplace Penn.

MOTHER
14. Maiden Name Theresa Fisher
15. Birthplace Penn.

16 (a) Informant Mrs. Bertha Parks
(b) Address Riviera Beach R.F.D. + Pasadena

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 48 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director Keaveney Funeral Home
(b) Address 1216 E. Charles St.

19 (c) AUG - 4 1948 (Date rec'd by Registrar) Huntington Williamsville

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1948 at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1948 to August 1 1948 and that I last saw her alive on Aug. 1 1948

Immediate cause of death: Respiratory Failure — Duration: 1 week
Due to: Generalized Carcinomatosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward G. Kenell M. D.
Address 1213 Light St. Date signed 8-1-48

VS 150

G65585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G665585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 6 y

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Presstman St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas H. Hicks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
69 68			hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Nancy Hawkins
15. Birthplace md

16 (a) Informant Mary Booker
(b) Address 1516 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St

19 (a) AUG 4 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 2 1948, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1948 to 8/2 1948 and that I last saw h alive on 8/1 1948.

Immediate cause of death	Duration
Uremia, Cardiac - Vascular Renal Disease	
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Jackson M.D.

Address 600 Lanvale St Date signed 8/4/48

VS 150

Every item of information should be carefully supplied. To correct age is especially important. Physicians; please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C65586

C65586

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2147 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2147 Chelsea Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Benson Williams

3 (b) If veteran, name war ----
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: ~~XX~~ Bessie A. Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1876
8. AGE: Years 71 | Months 11 | Days 12 | If less than one day hr. min.
9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. R. R.

FATHER
12. Name
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Anna Denton
15. Birthplace Calvert Co., Md.

16 (a) Informant Mrs. Bessie A. Williams
(b) Address 2147 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1948 (month) (day) (year)
(c) Cemetery or crematory ~~XXX~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

19 Aug 4 1948 (Date received by Registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948 at 1.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1948, to Aug 2nd 1948, and that I last saw ~~him~~ her alive on Aug 2 1948.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. P. Byerly
Address 3033 W. North Ave Date signed 8/3/48

VS-156

M. P. Byerly X

66587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195E

Registered No. 66587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 20 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Oakwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J Mc Nally

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1905

8. AGE: Years 43 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Construction

11. Industry or business Sparrows Point

FATHER
12. Name Joseph Mc Nally
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Horan
15. Birthplace Md.

16 (a) Informant Mrs. Mary A. Mc Nally
(b) Address 226 Oakwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director L. J. Luck
(b) Address 5305 Harford Rd.

19 (a) Date received by local registrar AUG - 4 1948 (b) Huntington, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1948, at 3:20 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death).

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-29-48 at 5:40 P M.
(b) Where did injury occur? Bethlehem Steel Co Sparrows Pt
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial place (Direct work?) yes
(d) Means of injury Fell by ladder striking on plate

23. Signature [signature] M.D.
Medical Examiner.
Date signed 8-5-48

VS 181

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type or print all answers to questions carefully supplied.

Att. Medical Examiner

665588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147B

Registered No. 665588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.,
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 26yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rita Wilhelmina Valentine

48-15148

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles E. Valentine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-4-22

8. AGE: Years 26 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Walter Smith

13. Birthplace

MOTHER 14. Maiden Name Grace Warner

15. Birthplace

16 (a) Informant Charles E. Valentine

(b) Address 1714 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location Balto

18 (a) Funeral director L. J. Luck

(b) Address 5305 Harford Rd.

19 (a) Hunting & Williams M.D. Registrar

AUG - 4 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1948 at 2 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1948 to Aug 3 1948 and that I last saw her alive on Aug 3 1948

Immediate cause of death	Duration
Severe Toxemia	
Due to Septicemia	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bloody uterus - small portion retained placenta

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John M. Rutherford M. D.

Address St. Joseph's Hosp. Date signed 8-3-48

VS 150

L. A. Merrill MD

G65589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65589 Registered No.

Please write the causes of death clearly and legibly. Physicians: please

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Glenolden Ave.
(c) Hospital or institution:
16-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Glenolden Ave. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Marie Snyder

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry E. Snyder
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Dec. 14, 1882

8. AGE: Years 65 | Months 7 | Days 19 | If less than one day: 20 hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Home
11. Industry or business: Home

FATHER
12. Name: John J. Rein
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louisa Herget
15. Birthplace: Germany

16 (a) Informant: Mr. Harry E. Snyder
(b) Address: 607 Glenolden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 6, 48 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetry
Location: Baltimore

18 (a) Funeral director: John T. Stansbury
(b) Address: 2700 Edmondson Ave.

19 (a) [redacted] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1948 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1948 to Aug 3 1948.
and that I last saw h[illegible] alive on Aug 2 1948.

Immediate cause of death: Coronary Thrombosis — Duration: 15 minutes
Due to: Chronic myocardial disease with cardiac hypertrophy & myocardial insufficiency with congestive failure. — Duration: Several yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm Michel
Address: 2901 Edmondson Ave Date signed: M. D. Aug 3 1948

X

G65590

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65590
Registered No.

CERTIFICATE OF DEATH 95c

Please write the causes of death clearly and legibly. Physicians: please write carefully important. Necessary responses must be made.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Arbutus – Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Woodside Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Douglass Itzel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 205-09-0014

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mina Itzel

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 6, 1882

8. AGE: Years 67 | Months 3 | Days 27 | If less than one day: hr. min.

9. Birthplace Arlington, Maryland.
(Town, county, and state)

10. Usual Occupation Pipe fitter

11. Industry or business Railroad. B+O.

FATHER
12. Name Wm Itzel
13. Birthplace Germany

MOTHER
14. Maiden Name Harndt Douglass
15. Birthplace United States

16 (a) Informant Douglass Itzel
(b) Address 4318 Ridgewood.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3301 FREDERICK AVE

18 (a) Funeral director MARY N WATERS
(b) Address 4101 EDMONDSON AVE

19 (a) (Date received by registrar) (b) Registrar

AUG 4 1948 Evelyn Mitchell

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948, at 1145 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1948, to August 2 1948 and that I last saw h. alive on Aug 2 1948

	Duration
Immediate cause of death: Pulmonary edema	1 Day
Due to: Heart disease	1 year.
Due to: Unknown.	
Other Conditions: —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Goodman, M.D.
Address 1334 Eutaw Place Date signed 3 Aug 48

G65591 BALTIMORE CITY HEALTH DEPARTMENT G65591
CERTIFICATE OF DEATH
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Circular
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7001 Linden Ave. Balto.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Irving M. Dodson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-9765

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edna Irene Dodson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 3-10-92

8. AGE: Years	Months	Days	If less than one day
56	4	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Hubbard

FATHER
12. Name Samuel C. Dodson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katie McClutchey
15 Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edna Irene Dodson
(b) Address 7001 Linden Ave, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1948, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1948 to 8-3 1948, and that I last saw h. alive on 8-3 1948.

Immediate cause of death	Duration
Coniestion Failure	
Due to Cardiac Decompensation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Pattison M. D.
Address St. Joseph's Hospital Date signed 8-3-48

X

G65592
JL - 118904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 138

Registered No. G65592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Quantril Way
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Hlavin sr.,

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr): Aug. 7, 1913

8. AGE: Years: 34 | Months: 11 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: Caplan Brothers
11. Industry or business:

FATHER
12. Name: Charles Hlavin - deceased
13. Birthplace: Austria

MOTHER
14. Maiden Name: Antonette Drimal
15. Birthplace: New York

16 (a) Informant: B. C. H. Records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Schimunek Funeral Home Inc
(b) Address: 2601-03-05 E. Madison Street

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.
AUG - 4 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2 1948, at 10.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1948, to Aug. 2 1948, and that I last saw h. in alive on Aug. 2 1948

Immediate cause of death: Pulmonary t.b.c. — Duration: years (?)
Due to:
Due to:
Other Conditions: Bilateral saphenous ligation for phlebothrombosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Pulmonary t.b.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: L. Gayle Burton
Address: Baltimore City Hospitals Date signed 8/3/48

Please answer all questions clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the

G65593

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-16050 / 159

CERTIFICATE OF DEATH

Registered No. G65593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard
(c) Hospital or institution: Univ. Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Dys.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Morris

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M F.	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-28-48

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Univ. Hosp. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Lucas Homer

13. Birthplace ?

MOTHER
14. Maiden Name Delores Elizabeth Morris

15. Birthplace Balt. Md.

16 (a) Informant Delores Morris (mother)

(b) Address 220 N. Stricker St

17 (a) Lab Disposal (b) Date thereof 7-31-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School AUG 4 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 4 1948 (b) [illegible]
(Date rec'd by registrar)

V8 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1948, at 3:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1948, to 7-31 1948 and that I last saw him alive on 7-31 1948

Immediate cause of death Resp. Failure — Duration

Due to Prematurity

Due to Maternal Pre-Eclampsia Incidental Hysterectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Tyler G. Hamilton Jr. M. D.

Address Univ. Hosp. Date signed 7-31-48

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE BLACK INK.

C65594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. C65594

143720

Please write clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 E Eager St (If rural give location) 4
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-78

8. AGE: Years	Months	Days	If less than one day
70	4	8	hr. min.

9. Birthplace Cork. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Richard Matthews
13. Birthplace Cork

MOTHER
14. Maiden Name Harriet - ?
15. Birthplace Cork.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory University Medical School AUG 4 1948
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG - 4 1948 (Date rec'd by registrar) (b)

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 - 1948 at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 - 1948 to 7-23 1948, and that I last saw him alive on 7-23 - 1948.

Immediate cause of death	Duration
Respiratory Failure	10 min.
Due to Intestinal Obstruction	8 days
Due to Sigmoid Volvulus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/23/48

Major findings of operation Intestinal Obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas N. Johns

Address JOHNS HOPKINS HOSPITAL Date signed 7-24-48

G65595

BALTIMORE CITY HEALTH DEPARTMENT

BC-48-15643 CERTIFICATE OF DEATH 160a

Registered No. G65595

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 N. Wolfe St
(If rural, give location)
(e) Citizen of foreign country? Entire life (Yes or No)
If yes, name country

3 (a) FULL NAME Lorraine Billis Billis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-48

8. AGE: Years 0 Months 0 Days 6 5 If less than one day hr. min.

9. Birthplace Univ. Hosp., Balt.
(Town, county, and state)

10. Usual Occupation 0

11. Industry or business 0

FATHER
12. Name David Billis
13. Birthplace Fredericksburg, Va.

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Newport News, Va.

16 (a) Informant David Billis
(b) Address 725 N. ~~Wolfe~~ St Entire

17 (a) City Required (Burial, cremation, or removal) (b) Date thereof 7-29-48. (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School AUG 4 1948

18 (a) Funeral director
(b) Address Commissioner of Health

19 AUG - 4 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1948, at 4 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1948, to 7-29 1948, and that I last saw her alive on 7-28 1948.

Immediate cause of death	Resp. Failure	Duration
Due to	Intracranial Hemorrhage	
Due to	Birth Trauma	
Other Conditions	Atelectasis Cong. Heart Defect	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Shaw M. D.
Address Univ. Hosp. Date signed 7-29-48

VS 150

G65596 BC-48-15524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G65596 Registered No.

GH. 121554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy Hillery (Mother Geneva)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 25- 1948

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Hillery
13. Birthplace MD.

MOTHER
14. Maiden Name Geneva Carter
15. Birthplace VA.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave. AM.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-31-48 At 9,00 (month) (day) (year)
(c) Cemetery or crematory B.C.H.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 AUG - 4 1948 (Date rec'd by registrar) Washington Millinder M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 29 - 1948; at 2.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 25 -1948, to 7- 29 -1948 and that I last saw h in alive on 7-29- 1948

Immediate cause of death: Meningitis (Staph Aureus) — Duration: 12 hrs.

Due to: Septicemia?

Due to:

Other Conditions: Prematurity — 4 days.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Julius M Lewis M. D.
Address B.C.H. Date signed Aug 2/48

VS. 150

81a

Please answer all questions carefully and legibly. Physicians: please write the causes of death clearly and legibly.

G65597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No. G65597

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lindenwood
(c) Hospital or institution: Maryland General Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian Jensan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 64 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Frank Quiggs
(b) Address 1535 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-48 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd Cem.
Location Rockland Md.

18 (a) Funeral director Geo Z Beyer Jr
(b) Address 1512 Hollins St

19 (a) AUG 5 1948 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH July 31, 1948 at 6:45 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed skull

Due to

Other Conditions Multiple fractures

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 31, 1948 at 6:45 a. M.
(b) Where did injury occur? B. & O. R. R. Yard near 29th St. Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? B. & O. R. R. Yard While at work? No
(d) Means of injury Jumped fro bridge

23. Signature Edw. Ryan M.D.
Medical Examiner.
Date signed July 31/48

VS 151

G65598

BC-48-1556 / 159

GM. 121555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G65598

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as legibly as possible. The accuracy of this certificate is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Vincent ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Redditt (Mother Irene)

3 (b) If veteran, name war.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 7- 25 - 48

8. AGE: Years	Months	Days.	If less than one day
			1 hr. 44 min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick P. Taylor
13. Birthplace MD.

MOTHER
14. Maiden Name Irene Redditt
15. Birthplace MD.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave, 9.00AM

17 (a) Cremation (b) Date thereof 7-30-48AM
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory B.C.H.
Location 4940 Eastern Ave,

18 (a) Funeral director
(b) Address

19 AUG - 5 1948 (Huntington Williams, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25- 48, at 8.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 25- 1948 to 7- 25 1948.
and that I last saw her alive on 7- 25 - 1948

Immediate cause of death Pneumonia — Duration 1 hr 44 min

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William P. Kean M. D.
Address Baltimore City Hosp Date signed 7-30-48

VS 150

X

665599
48-15-695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
160C

Registered No. 665599

Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Central Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Banks (410812)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/48

8. AGE: Years	Months	Days	If less than one day
0	0	0	5 hr. 10 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Theodore Banks
13. Birthplace Virginia

MOTHER
14. Maiden Name Vernice Locks
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address 601 N. Broadway

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 AUG - 5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS · 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1948, to July 29, 1948, and that I last saw her alive on July 29 1948.

Immediate cause of death	Duration
C Anoxia	
Due to Prolapsed Cord	
Due to Compound Presentation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul de Bruyn M. D.
Address The Johns Hopkins Hospital Date signed 7-30-48

X

G65600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65600 Registered No. 1312

Please write the causes of death clearly and legibly. Physicians: please write exact age in carefully important. The spaces must be filled. Stamp is applied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN BURTINGHAM

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 38 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16. (a) Informant Maud Langford
(b) Address 2345 Woodbrook Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18. (a) Funeral director Va Brookes
(b) Address 1463 N. Carey St

19. AUG - 5 1948 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at 2:05 P. M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis, bilateral, with pleural effusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D.
Medical Examiner.
Date signed July 31, 1948

VS 151

G65601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Nelson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Nelson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Dalkind

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1893

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Lith

MOTHER 14. Maiden Name Not Known
15. Birthplace Lith

16 (a) Informant Bessie Dalkind
(b) Address 1401 Nelson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-48 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Rogers Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2160 Eutaw Place

19 (a) AUG -5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1948 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1948 to 8/4 1948 and that I last saw h/s alive on 8/3 1948.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend M. D.

Address 14 E. Eager St Date signed 8/4/48

VS 150

W. H. TOWNSHEND X

G65602 CK. 121755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G65602

Please write the causes of death clearly and legibly. Physicians: please report promptly. Undertakers: please report promptly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Ensor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mabel Fitzpatrick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 25 1895

8. AGE: Years	Months	Days	If less than one day
52	8	9	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Hobbs (D)
13. Birthplace MD.

MOTHER
14. Maiden Name Elizabeth Stentall
15. Birthplace MD

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Final (b) Date thereof 8/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore MD

18 (a) Funeral director Wilson & Son
(b) Address 5 1948 Lombard St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-4-1948, at 7.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2-1948, to 3-4-1948, and that I last saw h er alive on 3-4-1948

Immediate cause of death Uremia — Duration 2

Due to Ureteral obstruction

Due to Ca of cervix c spread — 3 years

Other Conditions Uremic precondition convulsions due to uremia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David H. Marine M. D.
Address 4940 Eastern Ave Date signed 8-4-48

VS 150

G65603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G65603

Please write plainly. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 Belt St
(c) Hospital or institution: 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Belt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary V. Shaffer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife John E.
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Mar 1-1873

8. AGE: Years	Months	Days	If less than one day
75	5	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel D. Bottom
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Baughman
15. Birthplace Balto Md.

16 (a) Informant John E. Shaffer
(b) Address 1719 Belt Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Frederick Rd. Balto.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St.

19 (a) AUG -5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948, at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1948, to 8/3 1948, and that I last saw h[illegible] alive on 8/2 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 hrs.
Due to Cystine Stenosis	- 2 yrs.
Due to	
Other Conditions Complete Paralysis (Include pregnancy within 3 months of death)	5 yrs.

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. J. Wheeler M.D.
Address 1279 Fulham N. Date signed 8/4/48

V S 150

C65604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C65604

Correct age is especially important. Physicians: please write the cause of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Beaumont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Beaumont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Mae Marshall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John E Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31. 1866

8. AGE: Years	Months	Days	If less than one day
82	4	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Carver
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mariah Robinson
15. Birthplace Baltimore Md

16 (a) Informant John E Marshall
(b) Address 568 Rossiter Ave

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Catonsville Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E Pratt St

19 (a) AUG - 5 1948 (Date rec'd by registrar) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1948, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1948, to Aug 4 1948, and that I last saw him alive on Aug 4 1948.

Immediate cause of death	Duration
Coronary Thrombosis	6 days
Due to Hypertension	5 yrs
Due to Arteriosclerosis	7 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis W. Black M.D.
Address 3406 St Paul St Date signed 8/5/48

V S 150

C65605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓54 B

Registered No. C65605

The entries on this certificate should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 HUDSON ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN MULLANEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife MARY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 18, 1899

8. AGE: Years	Months	Days	If less than one day
48	8	17	16 hr. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation POLICEMAN

11. Industry or business

FATHER
12. Name JOHN MULLANEY
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name LENA MARY KINDER
15. Birthplace BALTIMORE

16 (a) Informant WIFE
(b) Address 2815 HUDSON ST. BALTIMORE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7/48 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St.

19 AUG -5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 AUG 1948 at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1948 to 4 AUG 1948 and that I last saw HIM alive on 4 AUG 1948

Immediate cause of death CEREBRAL NEOPLASM — Duration NOT KNOWN

Due to —

Due to —

Other Conditions POSSIBLE TERMINAL PNUEMONIA
(Include pregnancy within 3 months of death)

Date of operation 31 JULY 48

Major findings of operation: CEREBRAL NEOPLASM

of autopsy: NOT DONE

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Ferrie M.D.
Address Mercy Hospital Date signed 4 Aug 48

VS 150

665606 Rentzel BALTIMORE CITY HEALTH DEPARTMENT 665606

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Hosp.
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Walter Rentzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edna Slick
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 7-1885

8. AGE: Years 63 | Months 3 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER 12. Name William Rentzel
13. Birthplace Carroll Co. Md

MOTHER 14. Maiden Name — Rockwell
15. Birthplace Carroll Co Md

16 (a) Informant Mrs Edna Rentzel
(b) Address Union Bridge, Md.

17 (a) Burial (b) Date thereof Aug. 7-1945
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem.
Location Uniontown, Md

18 (a) Funeral director D. D. Hartzler Sons
(b) Address New Windsor, Md.

19 (a) AUG -5 1945 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-45 30 19..., at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5- 19 41 to 5- 19 45 and that I last saw h[illegible] alive on 8-5 19 45.

Immediate cause of death	Duration
Cerebral Infarct	
Due to cerebral vascular accident	
Due to hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Howard B Hall

23. Signature

Address Union Bridge Md Date signed 8/5/45 M.D.

VS 150

G65607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65607

Use typewriter or indelible pencil. Do not write over printed matter. Be sure every item is correctly supplied. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address LINDEN AVE + MADISON ST.
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. PORT ST. #24
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME MRS. MARY A. HETTERICK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 27, 1873

8. AGE: Years	Months	Days	If less than one day
74	9	8	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name LOUIS KIRCHER
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name MARY —
15. Birthplace EUROPE

16 (a) Informant CONRAD Hetterick (SON)
(b) Address 103 N. BELNORD AVE

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof Aug 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Orleans St

19 (a) Date received (Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 04 AUGUST 1948, at 1:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 02 AUG 1948 to 04 AUG 1948. and that I last saw HER alive on 03 AUG 1948.

Immediate cause of death	Duration
STOKES-ADAMS SYNDROME	2 MIN.
Due to CORONARY THROMBOSIS	3 DAYS
Due to 1) ARTERIOSCLEROTIC HEART DISEASE	
2) HYPERTENSIVE CARDIOVASCULAR DISEASE	
Other Conditions GENERALIZED ARTERIOSCLEROSIS	

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation: —

of autopsy: PERMISSION REFUSED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald J. England M. D.
Address Maryland General Hosp Date signed 04 AUG 48

G65608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

Registered No. G65608

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 E Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 E Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Hupfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Louis L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 71870

8. AGE: Years 77 | Months 6 | Days 28 | If less than one day ....hr. ....min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Charles Seitz
13. Birthplace Germany

MOTHER
14. Maiden Name Regina Kistner
15. Birthplace Germany

16 (a) Informant Mrs Emma George
(b) Address 2112 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) AUG -5 1948 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 - 1948, at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1947 to Aug 3 1948
and that I last saw her alive on Aug 3 1948

Immediate cause of death	Duration
Acute Myocardial Insufficiency	
Due to Arterio Sclerosis	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Glenn Zeller, M.D.

Address 2739 Eastern Ave Date signed 8/5/48

937

G65609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65609

Registered No. 159

B.C. 48-15833

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 N. Fulton Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Baby Boy Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-48

8. **AGE:** Years | Months | Days | If less than one day: 11 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Lawrence

13. Birthplace

MOTHER

14. Maiden Name Margaret Smith

15. Birthplace Md.

16 (a) Informant St. Agnes Hospital

(b) Address Caton & Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Baltimore

18 (a) Funeral director Martin Zalesne Inc

(b) Address 1827 N. North Ave

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1948, at 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29-48 AM 7-29 1948 and that I last saw him alive on 7-29 1948 8PM

Immediate cause of death	Duration
Respiratory Failure	
Due to Premature birth (28 wks fetus)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. **Signature** Edward J. Sokolestin

Address St. Agnes Hosp. Date signed M. 7 D. 30/48

VS 150

X

G65610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 931

G65610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 24

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1452 Williams Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME BERTHA DANTONI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frank Dantoni
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 2 1898

8. AGE: Years 50 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Hyson
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Katherine Bush
15. Birthplace Balto. Md.

16 (a) Informant Joseph Dantoni
(b) Address 1452 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-6-48 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave.

18 (a) Funeral director Krauze Funeral Home
(b) Address 1216 S. Charles St

19 (a) AUG - 5 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/48 19..., at 505 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(c) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Dawn, M.D.
Medical Examiner.
Date signed 8/3/48

VS 151

G65611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1340 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nick (Nicholas) Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife LELIA
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 4/26/(1896) 1896

8. AGE: Years	Months	Days	If less than one day
52 (48)	3	7	hr. min.

9. Birthplace Brunswick County, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Nicholas Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Eliz. Williams
15. Birthplace Va

16 (a) Informant LELIA Jones (Wife)
(b) Address 1340 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l.
Location Balto. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-12 N. Carrollton Ave

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1948, at 6 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory Failure

Due to Coronary Heart Disease

Other Conditions Arterio-sclerotic Cardio Vascular Disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert B. Meraddam M.D. Medical Examiner.
Date signed 8-3-48

Write the causes of death clearly and legibly.

G65612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 99

G65612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ISAIAH POWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sally Powell.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1884.

8. AGE: Years 64 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Lutherville, Md. (Town, county, and state)

10. Usual Occupation Janitor.

11. Industry or business

FATHER 12. Name Bennett Powell

13. Birthplace Eastern Shore, Md.

MOTHER 14. Maiden Name Emily

15. Birthplace Baltimore, Md.

16 (a) Informant Charles Powell.

(b) Address 1132 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1948 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest.

Location Towson, Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) (Date received by Registrar) (b) Huntington Williams Dept. M.D.

AUG 5 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948 at 9 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6.7.48 19 to 8.2.48 19, and that I last saw h alive on 8.2. 1948

Immediate cause of death: Hemiplegia

Due to: Periarteritis nodosa

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W.A. Goldenheimer M. D.

Address University Hosp Date signed 8.2.48

X

G65613

GM. 121545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

A 313

G65613

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 89 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County 6
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 W. Barre ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lawrence Baker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 31 1892

8. AGE: Years	Months	Days	If less than one day
55	8	4	hr. min.

9. Birthplace S. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Baker
13. Birthplace S.C.

MOTHER
14. Maiden Name Melisa ?
15. Birthplace S.C.

16 (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof August 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn cemetery
Location Baltimore city Lively

18 (a) Funeral director Joseph A. Leach
(b) Address 6 Market Place street

19 (a) 8-3-48 Thurlington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1948 at 720 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25-1948 to 8-4- 1948 and that I last saw h. alive on 8-4- 1948.

Immediate cause of death Cerebral Thrombosis — Duration 10 Days
Due to arteriosclerosis
Due to
Other Conditions Bronchopneumonia
Congestion of lungs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy: Bronchopneumonia, Congestion of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jennings M. D.
Address Baltimore City Hosp. Date signed 8-5-48

VS 150

Underline the age if especially important. Physicians: please write the causes of death clearly and legibly. The

G65614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G65614 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-3
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 2nd (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Chestnut Hill Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert W. King, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-8695

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife THELMA ROBERTS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1884

8. AGE: Years 64 | Months 2 | Days 21 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Alonzo King
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ada Reynolds
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Robert W. King, Jr.
(b) Address 127 Symington ave.

17 (a) Burial (b) Date thereof 8/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Chas. D. Evans Son Inc.
(b) Address 118 N. Mt. Royal Ave

19 (a) 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1948, at 8 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured diaphragm, left; multiple fractures

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8/2/48 at 6:45 A.M.
(b) Where did injury occur? Frankfurst Avenue & Fulton Street
(c) Did injury occur at home, on farm, industrial place, in public place? PUBLIC While at work? NO
(d) Means of injury Auto Accident

23. Signature E. A. Krop M.D.
Medical Examiner

Date signed 8/4/48

VS 151

G65615

JL - 121626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH J-13B

Registered No. G65615

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hosp'l
4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Frazier

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1905

8. AGE: Years	Months	Days	If less than one day
43	1	1	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Benjamin Frazier
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Lauder
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Aug 7 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A.A. Co. Md.

18 (a) Funeral director Sarah L Brown Son
(b) Address 108 W Montgomery St

19 (a) [illegible] (b) [illegible]

VS 153

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948, at 5 AM X PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1948 to Aug. 4 1948, and that I last saw him alive on Aug. 4 1948.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mo.?

Due to

Due to

Other Conditions Chronic Pleural effusion, left
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None at time of above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Jennings M. D.
Address Baltimore City Hosp Date signed 8-4-48

G65616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G65616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 N. Fulton Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1861

8. AGE: Years	Months	Days	If less than one day
86	8	2	hr. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs. Frances Robinson
(b) Address 2124 N. Fulton Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (month) (day) (year)
(c) Cemetery or crematory St. Augustine Cem.
Location Old Washington Road, Elkridge

18 (a) Funeral director Mrs. Frances A. Hemsley (Md.
(b) Address 578 W. Biddle St.

19 (a) AUG - 5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH Aug 3, 1948 at 7:45 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29-48 July 29 1948 to Aug 3 1948 and that I last saw him alive on Aug 2 1948

Immediate cause of death Bronchio-Pneumonia — Duration 1 mo

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Hughes
Address 826 N. Fremont Date signed 8/5/48

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G65617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G65617

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Harlem Ave.
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID HOWARD

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-5014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Addie Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1885

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name David Howard
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Thompson
15. Birthplace Md.

16 (a) Informant Mrs. Addie Howard
(b) Address 1514 Harlem Ave.

17 (a) Burial (b) Date thereof 8-6-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (AUG - 5 1948) (b) Huntington Williams, MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Aug. 3, 1948, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/1948 to 8/3/1948, and that I last saw h[illegible] alive on 8/3/1948.

Immediate cause of death	Duration
(a) Traumatic	
Due to	
Due to	over
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature W. D. Saylor 17
Address 1522 Harlem Ave Date signed 8/5/48

VS 150

G65618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

G65618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 N. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Yancey

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 4-15-95

8. AGE: Years 53 | Months 3 | Days 2019 | If less than one day ____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name John Winkler

13. Birthplace Va

MOTHER 14. Maiden Name Minnie Horn

15. Birthplace Va

16. (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Wm. J. Chatman Jr

(b) Address 1701 McCulloh St

19 (a) AUG -5 1948 (b) (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4, 1948, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15-1948 to 8-4-1948 and that I last saw her alive on 8-4-1948

Immediate cause of death: Marked Cachexia — Duration: weeks.

Due to: pemphigus vulgaris — months.

Due to: —

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: Pemphigus Vulgaris

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony J. Izzo. M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 8-4-48

VS 159

X

G65619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G65619

Please write the causes of death clearly and legibly. Typewriters: print capitals.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: D. O. A.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lewis Sr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-07-7117

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1887

8. AGE: Years 60 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Locomotive Repairer

11. Industry or business Penn. R.R.

FATHER
12. Name Perry Lewis
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Keys
15. Birthplace Md.

16 (a) Informant: Helen Lewis
(b) Address 703 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4-1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Rd.

18 (a) Funeral director Robert L. Young
(b) Address 1216 N. Caroline St.

19 (a) AUG 5 1948 (Filed by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1948, at 7:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Pulmonary Edema

Due to: Acute Coronary Heart Failure

Other Conditions:

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Young M.D.
Medical Examiner.
Date signed 8/5/48

VS 151

G65620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. G65620

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 S. Baylis St.
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Baylis St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE MARY SCHAEFER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1876

8. AGE: Years	Months	Days	If less than one day
72	0	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Home

FATHER
12. Name Herman J. Warms
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ann ?
15. Birthplace Germany

16 (a) Informant Joseph Schaefer
(b) Address 711 S. Baylis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 6 48 (month) (day) (year)
(c) Cemetery or crematory Sacred Hrart
Location German Hill Road

18 (a) Funeral director Lilly and Zeiler, Inc.
(b) Address 403 S. Wolfe St.

19 (a) AUG -5 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Augt 1948, at 2:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1933, to Augt 1948, and that I last saw h m alive on Aug 1 1948

Immediate cause of death	Duration
Hypertension -	1933
Arteriosclerosis	1933
Due to: Cerebral Hemorrhage	1933
Pulmonary Oedema Jaly 30	1948
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram J. Goodman M. D.
Address 3426 Baltimore Date signed Augs/48

VS 150

G65621 Vol 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G65621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Port St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Vanasek

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bessie Vonasek (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-78

8. AGE: Years 70 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace: Czechoslovakia (Town, county, and state)
10. Usual Occupation: Wheel Wright
11. Industry or business: retired

FATHER
12. Name: Charles Vanasek
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden Name: Unknown
15 Birthplace: —

16 (a) Informant: Frank Vonasek - son
(b) Address: R.F.D. 14 Box 747-Baltimore 20

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cemetery
Location: Belair Road

18 (a) Funeral director: Schimunek Funeral Home Inc.
(b) Address: 2601-03-05 E. Madison Street

19 6 1948 Date filed by registrar: Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-1948, at 12 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1948 to 8-4 1948 and that I last saw h[illegible] alive on 8-4 1948

Immediate cause of death	Duration
Generalized peritonitis	
Due to Perforation of colon	
Due to Carcinoma of colon	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1 August 1948
Major findings of operations: Severe generalized peritonitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Richard A. Kieffer Jr. M.D.
Address: JOHNS HOPKINS HOSPITAL Date signed 8/4/48

VS 159

X

65622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56B

Registered No. 65622

Please write the causes of death clearly and legibly. Physicians: please write legibly. The ... required by law. Typewriting is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway + Fairmount
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 St. Helena St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Matthai, Mrs. Anna C.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Lawrence Matthai

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1888

8. AGE: Years 59 Months 8 Days 23 If less than one day ... hr. ... min.

9. Birthplace Malta, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Macbey, Mr. John
13. Birthplace New York

MOTHER
14. Maiden Name Runkaley, Margaret (RUNCALY)
15. Birthplace Ireland

16 (a) Informant Anna Matthai
(b) Address 237 St. Helena St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) AUG 6 1948 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1948 at 8:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1948 to 8-4 1948 and that I last saw h[illegible] alive on 8-4 1948

Immediate cause of death	Duration
Cardiac failure	
Due to Cerebral Collapse	
Due to Paralytic ileus	48 hrs.
Other Conditions Post. O. Cyst. rupt. Pleurisy (Include pregnancy within 3 months of death)	

Date of operation 7-31-48
Major findings of operation: fibroid uterus
of autopsy: Paralytic ileus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Robert Haase M. D.
Address Church Home Hosp. Date signed 8-4-48

VS 150

665623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 665623

Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital of Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM WHITEHEAD

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Loius Whitehead
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Leah ?
15. Birthplace Russia

16 (a) Informant Louis Whitehead
(b) Address 817 Chauncey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1948 (month) (day) (year)
(c) Cemetery or crematory Adas Israel Cemetery
Location North Point & German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) AUG - 6 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1948, at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1948 to Aug 4 1948 and that I last saw h.m alive on Aug 4 1948

Immediate cause of death	Duration
Cerebral Hemhorrage of embolism	2 days
Due to Ancular fibrillation	
Arteriosclerotic Heart Disease	
Due to	
Other Conditions Hemiplegia	
Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy not yet done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C M Silverstein
Address Sinai Hospital Date signed 8/5/48

VS 150

G665624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G665624 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3020 Virginia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Virginia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Herman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Joseph Herman
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie Scher
15. Birthplace Russia

16 (a) Informant John Herman
(b) Address 3020 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 6, 1948 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) AUG - 6 1948 (Date rec'd by registrar) Edmunston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1948 at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1947 to 8-6 1948 and that I last saw h[illegible] alive on 8-5- 1948.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular Disease	1
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Jurisman M. D.
Address 1109 E. Calvert St Date signed 8-6-48

VS 150

G65625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

937 Reg. Dist. No.

G65625

PLACE OF DEATH:
City Balto. Co.
or town Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
ength of stay in above place of death? 15 years
ital, institution, or street address where death occurred:
1817 Whitmore Avenue
ength in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1817 Whitmore Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

(b) FULL NAME Thomas William Wilkins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

Name of husband or wife Matilda Wilkins
8.(c) If alive, give age 78 years
Date of death (mo., day, yr.) Feb 15 - 1866

AGE: Years	Months	Days	If less than one day
82	2 5	20	hrs. min.

Birthplace Rock Hall Kent Co. Md.
(Town, county, and state)
Usual occupation Carpenter
Industry or business Retired
Name Barton J. Wilkins
Birthplace Balto. Md
Maiden name Eudora Betten
Birthplace St Paul Minn.
Informant
Address
Burial
(Burial, cremation, or removal. Which?) Date thereof 8/8/48
(month) (day) (year)
Cemetery or crematory Wesley Chapel
Address Rock Hall Md
Filed 8/7/48
Funeral director Jessie Wilkins Hamilton
Address Hamilton and Wells
Chesterfield Huntington Waterloo Sts
8 - 6 1948
(If not buried or cremated)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 5th 1948, at 8.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 5 1947, to Aug 5th 1948.
and that I last saw h.i.m alive on Aug - 5th 1948.

Immediate cause of death	DURATION
1) Arteriosclerotic Cardio-Vascular Disease	5 yrs.?
Due to	
Due to	
Other conditions Emphysema Arteriosclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations - None
Date of op.
Autopsy results - None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl L. Chambers M.D.
M. D. or other
Address 4108 Liberty Hts Ave Date signed 8/6/48

G65626

48-15829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G65626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP
(d) Length of stay in hospital or inst. (~~yrs., mos.~~ or days) 12
(e) Length of stay in Baltimore (~~yrs., mos.~~ or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. HOMEWOOD APTS, Charles 3150
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS DENNIS REESE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 24, 1948

8. AGE: Years	Months	Days	If less than one day
0	0	12	hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas R. REECE
13. Birthplace South Bend, Ind.

MOTHER
14. Maiden Name Bernadell Hemminger
15. Birthplace La Porte Ind

16 (a) Informant Father
(b) Address

17 (a) ~~Burial~~, cremation, or removal (b) Date thereof 8-5-48 (month) (day) (year)
(c) Cemetery or crematory Dorsey Memorial
Location Dorsey, Md.

18 (a) Funeral director
(b) Address

19 (a) AUG 6 1948 (Date received by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1948 to Augt 4 1948 and that I last saw h~~e~~r alive on Augt 4 1948

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E B Chamberlain
Address Union Memorial Hospital Date signed M 8 D 4 48

VS 150

X

G65627
AB-121648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G65627
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James Callahan, Jr. (James D. Callahan, Jr.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mollie Susie Wilmore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 24, 1874

8. AGE: Years	Months	Days	If less than one day
73 74	10	11	hr. min.

9. Birthplace Bedford Co. Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Janes Dabney Callanhan, Sr.
13. Birthplace Bredford Co. Va.

MOTHER
14. Maiden Name Mattie Harris
15. Birthplace Appomattox County Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 8 6 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Whitten Funeral Home, Inc
Location 1336 Park Ave. Lynchburg, Va.

18 (a) Funeral director Lilly and Zeiler, Inc.
(b) Address 403 S. Wolfe St. Balto 31, Md.

19 AUG - 6 1948 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION PM

20. DATE OF DEATH Aug. 5- 1948 at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29- 1948 to 8-5- 1948, and that I last saw h... alive on 8-5- 1948.

Immediate cause of death	Duration
CVA	9d
Due to	
Due to	
Other Conditions Bronchopneumonia	8d

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. T. Williams
Address Date signed 8/6/48

VS 150

Please write the causes of death clearly and legibly. Physician: please write the causes of death clearly and legibly. Please write the causes of death clearly and legibly.

G65628

GM. 121121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

Registered No. G65628

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the information carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 26 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Fleet St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Ordakowski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Walter J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 4-1885

8. AGE: Years	Months	Days	If less than one day
62	11	1	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Starzynski
13. Birthplace Poland

MOTHER
14. Maiden Name Antoniette Stapanski
15. Birthplace Poland

16 (a) Informant Record s Balto. City Hospitals
(b) Address 4940 Eastern Ave,

17 (a) Burial (b) Date thereof Aug 9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location City

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) AUG - 6 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 5- 1948, at 7.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7- 9- 1948, to 8- 5- 1948, and that I last saw her alive on 8- 5- 1948.

Immediate cause of death Coronary Occlusion — Duration Minutes

Due to

Due to

Other Conditions Rectal carcinoma
(Include pregnancy within 3 months of death)

Date of operation 7/22/48

Major findings of operation: Rectal carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman J Cole, M.D.
M.D.
Address 4940 Eastern Ave. Date signed 8/5/48

X

G655629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G655629

Write the causes of death clearly and legibly. Physicians, please write in ink. Typewriter preferred.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N Rosedale St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lavonia Foit

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Bernard Foit
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-1884

8. AGE: Years	Months	Days	If less than one day
64	5	7/20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Starkey
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Thompson
15. Birthplace Md.

16 (a) Informant Bernard Foit
(b) Address 107 N. Rosedale St.

17 (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director George A Farley
(b) Address Fulton Ave & Fayette St.

19 (a) AUG - 6 1948 (b) Huntington Williamsport
Rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4/48 1948, at 8:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1948, to 8/4 1948, and that I last saw her alive on 8/4 1948.

Immediate cause of death Intracerebral hemorrhage — Duration 72 hours
Due to Hypertension - arteriosclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 8/2/48
Major findings of operation: Tracheotomy & drainage of subdural abs.
of autopsy: Intracerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stephen F. Cochrane M. D.
Address St. Agnes' Hosp. Date signed 8/4/48

VS 150

G65650 — BALTIMORE CITY HEALTH DEPARTMENT — G65650

CERTIFICATE OF DEATH 47c

Registered No.

1. PLACE OF DEATH: University Hospital
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6115 Reta Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Parchall

3 (b) If veteran, name war: WW II
3 (c) Social Security Account No. 425-10-8064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Married

6 (b) Name of husband or wife Gladys V. Parchall
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 1-4-1890

8. AGE: Years	Months	Days	If less than one day
58	7	—	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Structural Iron Worker
11. Industry or business

FATHER
12. Name Pinkney H. Parchall
13. Birthplace Mississippi

MOTHER
14. Maiden Name Virginia Millet
15. Birthplace Mississippi

16 (a) Informant Gladys V. Parchall (wife)
(b) Address 6115 Reta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-48 (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Frederick Md.

18 (a) Funeral director Walter R. McNamara
(b) Address 414 Fallsway

19 (a) AUG - 6 1948 (b) Huntington Williams Dr
(Date received by local registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1948, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1948 to 8-4 1948, and that I last saw h.... alive on 8-4 1948.

Immediate cause of death	Duration
Terminal bronchopneumonia	2-3 days
Due to Cerebro-vascular accident	3 wks.
Due to accumulation operation (left pneumonectomy for	
Other Conditions bronchogenic carcinoma left lung	6-7 months

(Include pregnancy within 3 months of death)

Date of operation July 14 1948
Major findings of operation: Carcinoma - left lung -
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Evans MD
Address Johns Hopkins Date signed 8-4-48

VS 199

665631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-16292 / 160c

Registered No. 665631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Avenue
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Belvedere Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Fields

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8/4/48

8. AGE: Years | Months | Days | If less than one day 20 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert A. Fields
13. Birthplace W. Va.

MOTHER
14. Maiden Name Gayella Uchie
15. Birthplace W. Va.

16 (a) Informant Robert Alan Fields Jr.
(b) Address 1317 N. Belvedere Avenue

17 (a) Burial (b) Date thereof Aug 8-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) AUG - 6 1948 (Date rec'd by registrar) Huntington Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/48 at 6:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1948, to 8-5 1948, and that I last saw h[illegible] alive on 8-5 1948.

Immediate cause of death Respiratory failure

Due to premature birth

Due to premature separation of placenta.

Other conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. H. Sherwin M. D.
Address St Agnes' Hosp. Date signed 8. 5. 48

VS 159

X

G65632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1164c

Registered No. G65632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 W. Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? N. A. (Yes or No)
If yes, name country

3 (a) FULL NAME Upshaw Hooper (UPSHUR HOOPER)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Beulah Whitelock

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov 5 1879

8. AGE: Years 68 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Dir. Supt. American Agricultural

11. Industry or business Chemicals Co

FATHER
12. Name Robert H. Hooper
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Susan Upshur
15. Birthplace Snow Hill Md.

16 (a) Informant Mrs. Francis M. Bond
(b) Address Pimlico Rd & Greenspring Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 7 1948 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address 4905 York Road

19 (a) AUG - 6 1948 (Date rec'd by registrar) (b) Timothy Jon Williams, Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1948 at 4:25 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Severe cerebral laceration - comp. fracture right temporal Lt. parietal region

Due to Gun shot wound right temporal region

Other Conditions Mental depression

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8-5-48 at 4:25 P.M.
(b) Where did injury occur? 224 W. Lanvale St.
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? N/C
(d) Means of injury Self inflicted gun shot wound

23. Signature Robert D. Mefaddon M.D.
Medical Examiner.
Date signed 8-5-48

VS 181

665633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 665633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E CHASE ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert J. Palmerino

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of ~~husband~~ or wife PEARL M (GARRISH)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1899

8. AGE: Years	Months	Days	If less than one day
49	0	7	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation CHAUFFER
11. Industry or business YELLOW CAB CO

FATHER
12. Name CHARLES PALMERINO
13. Birthplace ITALY

MOTHER
14. Maiden Name LENA —
15. Birthplace ITALY

16 (a) Informant MRS PEARL PALMERINO
(b) Address 404 E CHASE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 9 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE

18 (a) Funeral director Harry H. Wyke
(b) Address 4101 E MONUMENT AVE

19 (a) AUG - 6 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1948, at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy/Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory Failure

Due to Coronary Heart Disease

Other Conditions Arteriosclerosis Generalized

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert K. McFadden M.D. Medical Examiner.
Date signed 8-5-48

VS 151

G65634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65634

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 S. Hugh Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William MICHAELS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1878

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Marcus Beacham
(b) Address 2011 E. 32nd. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (month), (day), (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director Wm Cook Exc
(b) Address 1217 S. Paca St

19 (a) AUG - 5 1948 (Date rec'd by registrar) (b) Huntington Nottingham, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1948, at 11:50 AM

21. I certify that I took charge of the remains described above, held an Inspection and Mg thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Geo. L. Merrill M.D. Medical Examiner.

Date signed 8/5/48

VS 151

G65635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2550 W. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST HENRY MESENBRINK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Elizabeth C. Mesenbrink (nee Schoen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 3, 1891
8. AGE: Years 57 | Months 7 | Days 2 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Meat Cutter
11. Industry or business R. S. Stern

FATHER
12. Name William Mesenbrink
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Alves
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth C. Mesenbrink
(b) Address 2550 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG 6 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5, 1948, at 3:00a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1948 to Aug 5 1948 and that I last saw h[illegible] alive on Aug 4 1948.

Immediate cause of death: Cerebral Hemorrhage — Duration 6 Days

Due to Hypertension C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 8/5/48

VS 150

FOR APPROVAL OF MEDICAL EXAMINER

G65636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. G65636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Fairfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3464 Chessell Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife James S. Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 13, 1920

8. AGE: Years 27 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Florida (Fernandina)
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Carl W. Johnson

13. Birthplace Georgia

MOTHER 14. Maiden Name Bernice Fotmat

15. Birthplace Florida

16 (a) Informant Mr. James S. Gray

(b) Address 3436 Chessell Ct. 26

17 (a) Removal (b) Date thereof 8/7/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Chattanooga, Tenn.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) AUG - 6 1948 (b) Huntington for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6/ 1948, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1948 to 8/6 1948 and that I last saw he R alive on 8/6 1948.

	Duration
Immediate cause of death Cardio-Respiratory FAILURE	
Due to IRREVERSIBLE ANOXEMIA	
Due to BRONCHIAL ASTHMA	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordon N. Shaw M.D.

Address Balto. Agnes Hosp. Date signed 8/6/48

VS 150

Robert B. McFadden per: Approved by C.J. Lubin

G65637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G65637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette Street
(c) Hospital or institution:
Bon Secour Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Bayard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
MRS. Emily E. Jensen

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Mr. Paul Jensen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 30, 1893

8. AGE: Years 54 | Months 10 11 | Days 5 6 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Charles E. Gardiner
13. Birthplace Manchester, Md.

MOTHER
14. Maiden Name Katherine Tyson
15. Birthplace Baltimore, Md.

16 (a) Informant Paul Jensen
(b) Address 1013 Bayard St.

17 (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1300 W. Lombard St.

19 (a) 6 1948 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1948, at B.S.H.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1948, to 8-5 1948, and that I last saw h[illegible] alive on 8-5 1948.

Immediate cause of death: Respiratory Failure — Duration: 8 days
Due to: Cerebral Vascular Accident
Due to:
Other Conditions: Left Hemiplegia, Pulmonary Congestion
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Bon Secour Hosp. Date signed 8-8-48

VS 150

William Fisher X

665638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

665638 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Earl Lampkin (Lankins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hazel Lampkin

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct 6 1899

8. AGE: Years 48 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER
12. Name Nelson Lampkin
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Thompson
15. Birthplace Washington D.C.

16 (a) Informant: Grace R. Conway
(b) Address 1929 Montrose Ave Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 7 48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn Md.

18 (a) Funeral director Joseph L. Russ
(b) Address 1200 Dr. McCulloh St

19 AUG - 6 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull & intracranial hemorrhage

Due to

Other Conditions Acute alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury approx. 8-1-48 at 11:45 P.M. 14/2
(b) Where did injury occur? Vicinity Lawrence & Brunt Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Fall to Pavement

23. Signature [signature] M.D. Medical Examiner.
Date signed 8-2-48

VS 151

X

G65639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65639

The information requested on this certificate of death is important. Please answer all questions. Use the word "none" where applicable. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 N. Calvert (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse W. Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M.

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1887

8. AGE: Years	Months	Days	If less than one day
60	8	21	20 hr. min.

9. Birthplace Granite Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Levi Norris
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia Frey
15. Birthplace Md.

16 (a) Informant Dorothy Norris
(b) Address 1614 N. Calvert St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Balto. Co.

18 (a) Funeral director Samuel M. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1948, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 19XF, to Aug 5 19XF, and that I last saw h-- alive on Aug 2 1948.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ewellsworth Frey M. D.
Address 1928 Penna Ave Date signed 8/6/48

V S 150

665640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

665640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 S. Decker Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELENA F. McDONALD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Dominic McDonald
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 2-16-1887.

8. AGE: Years 61 | Months 5 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House-Work.

11. Industry or business At Home.

FATHER
12. Name John J Hofmann
13. Birthplace Germany.

MOTHER
14. Maiden Name Theresa Neundorfer
15. Birthplace Germany.

16 (a) Informant Dominic McDonald
(b) Address 629 S. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

18 (a) Funeral director Charles S. Feiler.
(b) Address 901 S. Conkling St.

AUG -6 1948 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/48 2:20 PM

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John J Hofmann M.D.
Medical Examiner.
Date signed 8/5/48

VS 151

G65641

GM. 114698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G65641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 27 1920

8. AGE: Years	Months	Days	If less than one day
27	7	8	hr. min.

9. Birthplace MD.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Thomas
13. Birthplace MD.

MOTHER
14. Maiden Name Vergie Turpin
15. Birthplace MD.

16. (a) Informant Records Balto. City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Aug 7-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director. Elroy O. Wilson
(b) Address 1000 Brantley ave

AUG - 6 1948 (b)
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8- 4- 1948, at 3.50P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10- 23-1947 to 8- 4- 1948, and that I last saw him alive on 8- 4- 1948

Immediate cause of death — Bronchial pneumonia — Duration weeks

Due to —

Due to — Post encephalitic Parkinsonism — over 20 years

Other Conditions — Tumor - 7 years type undetermined
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: ~~Both~~ ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Warren E. Porter M.D.
Address Balto. City Hospitals Date signed 8/5/48

X

665642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

665642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 S East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 S. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES JEDRZEJCZAK

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stanislaus Jedrzejczak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1872

8. AGE: Years 76 | Months 6 | Days 13 | If less than one day: 14 hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Domestic
11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Pete Jedrzejczak
(b) Address: 1212 S. Ellwood, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 7 (day) 48 (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Dundalk Ave.

18 (a) Funeral director: Lilly and Zeiler, Inc.
(b) Address: 403 S. Wolfe St.

19 (a) (Entered by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 1948, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1948, to Aug. 4 1948, and that I last saw him alive on Aug. 2 1948.

Immediate cause of death: Myocardial Failure — Duration: 2 Days
Due to: Uremia — 1 week
Due to: Senile Arteriosclerosis, Generalized — 2 years
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Clarence A. LeBrun, M.D.
Address: 601 S. Ellwood Ave. Date signed 8/5/48

665643

VINIE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. 665643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138- Llewellyn St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits write RURAL and give township)
(d) Street No. 1138-Llewellyn St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vinie Jones.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Race W. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2 1881

8. AGE: Years 66 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Va. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business ?

FATHER
12. Name Holmes
13. Birthplace Va

MOTHER
14. Maiden Name Nancy ?
15. Birthplace Va

16 (a) Informant Edward Jones.
(b) Address 1138 - Llewellyn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary.
Location W. Baltimore

18 (a) Funeral director A. Halstead
(b) Address 968 - Lenid St

19 AUG - 6 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1948 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1948 to Aug 5 1948 and that I last saw h[illegible] alive on Aug 1 1948.

Immediate cause of death Cardio Vascular Renal Disease — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Williams Frey M.D.
Address 1908 Penna Ave Date signed 8/6/48

VS 150

G65644

BALTIMORE CITY HEALTH DEPARTMENT X 1147

CERTIFICATE OF DEATH

Registered No. G65644

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Lusby (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius W. Weems

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: ? M

6 (b) Name of husband or wife

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 9-1-04

8. AGE: Years 43 | Months — 11 | Days — 4 | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Peter Weems

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Johnson

15. Birthplace Md.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 8, 1948 (month) (day) (year)

(c) Cemetery or crematory St. Johns

Location Lusby, Md.

18 (a) Funeral director Charles H. Alexander

(b) Address 1200 McCulloh St., Baltimore, Md.

19 (a) AUG 6 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-48 at 7:40 P

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27-48 to 8-5-48 and that I last saw him alive on 8-5-48

Immediate cause of death	Duration
Pulmonary Edema	4 Days
Due to Post-operative Segmental Rt. Upper & Lower Lobectomy	
Due to Lung abscesses	

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8/3/48

Major findings of operation: Lung Abscesses R.U.L., R.L.L.

of autopsy Home

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David C. Sabiston, Jr. M. D.

Address JOHNS HOPKINS HOSPITAL Date signed 8/6/48

VS 150

G65645

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 467

Registered No. G65645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Streets
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 136 days
(e) Length of stay in Baltimore (yrs., mos., or days) 136 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town East Hampton, Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MAY CHRISTINE CLOUD

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Chester Cloud
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1884

8. AGE: Years	Months	Days	If less than one day
63	10	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George William Walter
13. Birthplace Maryland (Balto.)

MOTHER
14. Maiden Name Sophia Rose Oehrl
15. Birthplace Maryland (Balto.)

16 (a) Informant Mrs. Thomas B. Ewalt
(b) Address Apt. 410 The Blackstone Charles & 33rd Sts.

17 (a) Cremation (b) Date thereof 8/7/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 AUG 6 1948 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1948, at 8.44 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to August 5 1948, and that I last saw her alive on August 5 1948

Immediate cause of death	Duration
Uremia	
Due to Pyelonephritis, bilateral	
Due to	
Other Conditions Pelvic abscess	

(Include pregnancy within 3 months of death)
Date of operation 3-29-48
Major findings of operation: Cancer of rectosigmoid
of autopsy Pyelonephritis, bilateral Pelvic abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles H. Watt, Jr. M. D.
Address Union Memorial Hospital Date signed Aug 5, 1948

X

VS 159

City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

G665646

G665646

CERTIFICATE OF DEATH 1243 Reg. Dist. No.

1. PLACE OF DEATH:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 5440 Belair Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace (If outside city or town limits, write RURAL and give nearest town)

Street No.: 307 Fountain Ave (If rural, give LOCATION)

2.(a) If veteran, name war

(a) FULL NAME: Grover C Michael

3. (b) Social Security Number

Sex: male | 4. Color or race: White | 5.(a) Single, married, widowed, or divorced: divorced

(b) Name of husband or wife

5.(c) If wife, give age ... years

Birth date of deceased (mo., day, yr.): May 15. 1890

AGE: Years: 58 | Months: 2 | Days: 21 | If less than one day: hrs. ... min.

Birthplace: Harford Co. Md. (town, county, and state)

Usual occupation

Industry or business

12. Name: James H. Michael M.D.

13. Birthplace

14. Maiden name: Amanda Schirling M.D.

15. Birthplace

Informant: Mrs. Milton Cox

Address: Belair Rd. Loving Gve

Burial, cremation, or removal. Where? Burial Date thereof: 8/8/48 (month) (day) (year)

Cemetery or crematory: Spesutia

Undertaker: Chrysanthus M.D.

Funeral director: L.J. Luck

Address: 5305 Harford Rd.

AUG 6 1948

(Date rec'd by registrar)

Filed: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 5 19 48 at 9. o'c A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 48 to Aug. 5 19 48

and that I last saw h/ him alive on Aug. 4 19 48

Immediate cause of death: Cirrhosis of the Liver, Portal type — DURATION: 6 mos. known

Due to:

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings of operations: None — Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Carl Myers M.D. (M. D. or other)

Address: 15/33 E. Old Spring Lane Date signed: Aug. 5, 48

Balto. 18, Md.

G65647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1157a

Registered No. G65647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 56 Victoria Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ann Baucher (Ann Louise)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-1-48
8. AGE: Years | Months 1 | Days 36 | If less than one day — hr. — min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business
PARENTS — FATHER: 12. Name John Baucher; 13. Birthplace Maine
MOTHER: 14. Maiden Name Regina ?; 15. Birthplace Pa.
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Mt Sherry town Pa
Location Leonard J. Buck
18 (a) Funeral director
(b) Address 5305 Harford Road
19 (a) AUG - 6 1948 (Date rec'd by registrar) (b) Washington Hollow, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-48, at 7:50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-30-1948 to 8-5-1948 and that I last saw h[illegible] alive on 8-5 1948
Immediate cause of death Hydrocephalus — Duration
Due to Cong. Malformation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 8-3-48
Major findings of operation: Hydrocephalus
of autopsy: Hydrocephalus, Subdural Hematoma

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Lee J. Bonga, M.D.
Address JOHNS HOPKINS HOSPITAL Date signed 8-6-48

VS 150

G65648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Remley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation LABER

11. Industry or business

FATHER
12. Name JOHN BURKE
13. Birthplace ENON, N.C.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant LOUISE SKINNER
(b) Address 128 N. Amity ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/7/48 (mo.) (day) (year)
(c) Cemetery or crematory BALTIMORE NATIONAL
Location

18 (a) Funeral director CHARLES R. LAWS
(b) Address 641 MADISON AVE

19 (a) AUG - 6 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 131

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1948, at 10 05 P.M.

21. I certify that I took charge of the remains described above, held an Insp. & Inq. (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Kyle M.D.
Medical Examiner
Date signed 8-9-48

665649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. 665649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 1330 Cambria Street
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) no

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Cambria Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3 (a) FULL NAME Patrick B. Mawn

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 195-10-9365

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian-J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1897

8. AGE: Years	Months	Days	If less than one day
50	10	24	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Md. Drydock Co.

FATHER
12. Name Francis Mawn
13. Birthplace Pa.

MOTHER
14. Maiden Name Bridget Spellman
15. Birthplace

16 (a) Informant Donald J. Mawn
(b) Address 1330 Cambria St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Baltimore National

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) AUG - 6 1948 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to Aug 5 1948 and that I last saw him alive on Aug 4 1948

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Cirrhosis of liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Bulgrave Ave Date signed

94a

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

G65650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1200

G85650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 S. Augusta Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Stanton

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Richard A. Stanton
6 (c) If alive, give age 92 years

7. Birth date of deceased (mo., day, yr.) October 26, 1865

8. AGE: Years 82 | Months 9 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name ? Martin
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Lydia Elderkin
(b) Address 305 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1948, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1926 to 8/4 1948 and that I last saw h[illegible] alive on 8-4-1948

	Duration
Immediate cause of death: Gastro-Enteritis	5-10 yrs.
Due to: Senility	5-10 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lloyd Johnson M. D.
Address Catonsville Date signed 8/5/48

VS 150

G65651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G65651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Rehling

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Herman A. Rehling
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1871

8. AGE: Years 76 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Frederick Leibig
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Dorman
15. Birthplace Germany

16 (a) Informant Herman A. Rehling
(b) Address 2101 W. Pratt St

17 (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 W. Pratt St

19 (a) AUG -7 1948 (b) Huntington Undertaking Co.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1948, to Aug 5 1948, and that I last saw h[illegible] alive on Aug 5 1948.

Immediate cause of death Chronic Myocarditis
Due to Degen. Arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Rogers M.D.
Address Dorsey Bldg. 142 W. Lexington St. Date signed 8-7-48

VS 150

29

G65652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 39c

Registered No. G65652

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Carroll

(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Carl Eugene Sheppard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 31, 1932

8. AGE: Years	Months	Days	If less than one day
16	6	5 6	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER

12. Name Levi Sheppard

13. Birthplace Carroll County, Md.

MOTHER

14. Maiden Name Gwendolyn Hawkins

15. Birthplace Charles County Md.

16 (a) Informant Mother

(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)

(c) Cemetery or crematory White Rock

Location Berrett Carroll Co. Md

18 (a) Funeral director C. M. Waltz

(b) Address Winfield, Md.

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 8/6 1948 at 5:58 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1948 to 8/6 1948 and that I last saw him alive on 8/6 1948

Immediate cause of death	Duration
Rocky Mt. Spotted Febr	11 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry V. Chase M. D.

Address Mercy Hospital Date signed 8/6/48

X

VS 150

G65653 BALTIMORE CITY HEALTH DEPARTMENT G65653

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Rural Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Westminster
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Belle Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1897

8. AGE: Years 50 | Months 10 | Days 25 | If less than one day 20 hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Tawney
13. Birthplace Carroll Co Maryland

MOTHER
14. Maiden Name Margaret Shriner
15. Birthplace Carroll Co Maryland

16 (a) Informant Chas. H. Long
(b) Address Westminster RFD. 4

17 (a) Burial (b) Date thereof Aug 10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sisters
Location Carroll Co

18 (a) Funeral director J J Bankard - Son
(b) Address Westminster Md.

19 (a) AUG - 7 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~September~~ Aug 6 1948, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1948 to ~~Sept~~ Aug 6 1948, and that I last saw her alive on ~~Sept~~ Aug 6 1948.

	Duration
Immediate cause of death Toxemia & uremia	
Due to Rocky Mountain Spotted Fever	15 days
Due to Chronic nephritis	2 years
Other Conditions Anasarca, petechial hemorrages (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: As clinical diagnosis above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marguerite Louise Candler

Address Maryland Gen'l Hosp. Date signed 8/6/48

VS 150

G656554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G656554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 S. Carey St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wanda Alma Winkel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1881

8. AGE: Years 66 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Homemaker for son

11. Industry or business

FATHER
12. Name Joe Neuman
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant MRS MADELINE MARLING.
(b) Address 1318 S. CHARLES ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 9 48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD

18 (a) Funeral director JOHN F. DENNY, INC
(b) Address 715 LIGHT ST - 30

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) Huntington Nitkiewicz, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 4 - 1948, at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 - 2 - 1948, to 8 - 4 - 1948, and that I last saw h.e.r. alive on 8 - 4 - 1948.

Immediate cause of death	Duration
Hypostatic pneumonia	3 days
Due to (1) Generalized arteriosclerosis	?
(2) Arteriosclerotic Heart Disease	?
Due to	
Other Conditions Cerebral edema	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: (an almost)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature William J. Hamm M. D.
Address South Balto Gen Hosp Baltimore 20 Md Date signed 8-5-48

X

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G655655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G655655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 S. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Winkel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1909

8. AGE: Years 39 | Months - | Days 26 | If less than one day hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business PURCELAN CO.

FATHER
12. Name JOSEPH A. WINKEL
13. Birthplace MARYLAND

MOTHER
14. Maiden Name WANDA A. NEUMAN
15. Birthplace MARYLAND

16 (a) Informant: MRS MADELINE MARLING
(b) Address 1318 S. CHARLES ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 9 48 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director JOHN F DENNY INC
(b) Address 715 LIGHT ST - 30

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948, at 3 20 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Crushed Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8-4-48 at 2:45 P M.
(b) Where did injury occur? Bridge at Frederick Rd. Baltimore Co.
(c) Did injury occur at home, on farm, industrial place, in public place? public place While at work? NO
(d) Means of injury fell from bridge

23. Signature M.D.
Medical Examiner.
Date signed Aug. 5, 1948

48-13509

G65656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16a

G65656 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 N Kinnerson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Henninger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6/26/48

8. **AGE:** Years | Months 1 | Days 40 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Albert Henninger

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Velma Merle Henninger

15. Birthplace Baltimore Md

16 (a) Informant Louis A Henninger

(b) Address 45 N Kinnerson St

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 7, 1948 (month) (day) (year)

(c) Cemetery or crematory Sarah Burial Ground

Location Baltimore Co

18 (a) Funeral director Sarah Funeral Home

(b) Address 7401 Belair Rd

19 (a) AUG -7 1948 (Date rec'd by registrar) (b) Evington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1948 at 6 10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/27 1948 to 8/6 1948 and that I last saw h alive on 8/6 1948

Immediate cause of death: Respiratory failure — Duration 12 hrs.

Due to: Probably intracranial hemorrhage

Due to: Trauma at delivery.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wayland General Hospital by A Jones Jr. M.D.

Address Wayland General Hospital signed 8/6/48

VS 193

Stewart

665657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

665657 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hosp - 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 months
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County O
(c) City or town Baltimore, 21 (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 E. Read St (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country ?

3 (a) FULL NAME Mr. Thomas J. Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. E. J. Stewart
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr) 2-27-1879

8. AGE: Years	Months	Days	If less than one day
69	5	7 9	? hr. min:

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Electrical Engineer
11. Industry or business - ?

FATHER
12. Name John Stewart
13. Birthplace ?

MOTHER
14. Maiden Name ? Waldell
15 Birthplace ?

16 (a) Informant Mrs. E. S. Lawrence sister
(b) Address Maple Manor Road 10th

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD CEM
Location - ?

18 (a) Funeral director - Cooke
(b) Address 3rd & Penna Ave Huntingdon Williamsport, Md

19 (a) AUG 10 1948 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1948, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6-48 19..., to 8-6-48 19..., and that I last saw h... alive on 8-6 19 48.

Immediate cause of death Resp. failure — Duration 8 hrs.

Due to Cerebral hemorrhage accident (Hemorrhage)

Due to Hypertension Cardio vascular disease

Other Conditions - Pneumonia coronary occlusion

(Include pregnancy within 3 months of death)

Date of operation - ?

Major findings of operation: - ?

of autopsy: none

PHYSICIAN
Underline the causes to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Watt
Address CMA. Date signed 8-6-48

VS 150

McENTee

G65658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G65658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter J. McEntee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-2648-A

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie B. McEntee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Maryland 5/3/80

8. AGE: Years 68 | Months 3 | Days 3 | If less than one day: hr. min.

9. Birthplace May 3 1880 Maryland
(Town, county, and state)

10. Usual Occupation Retired Machinist
11. Industry or business Tennessee Can Co.

FATHER
12. Name Daniel McEntee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Grant
15. Birthplace Ireland

16 (a) Informant Fannie B. McEntee
(b) Address 2620 Huntingdon Ave

17 (a) Burial (b) Date thereof Aug 9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Einstein E. Donovan
(b) Address 3638 Roland Ave

19 AUG -7 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1948, at 4 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1948 to 8/6 1948, and that I last saw him alive on 8/6 1948.

Immediate cause of death: Coronary Thrombosis ?!

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Foran M.D.
Address Int. Sec. Hosp. Date signed 8/6/48

VS 150

X

C65659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C65659

Please fill the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3625 W. Garrison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 W. Garrison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH I. PLACK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife William F. Plack, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1868

8. AGE: Years	Months	Days	If less than one day
79	8	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Gibbs
13. Birthplace Phila., Pa.

MOTHER
14. Maiden Name Elizabeth Henry
15. Birthplace Phila., Pa.

16 (a) Informant Mr. James L. Plack
(b) Address 3805 Ridgewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1948 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG -7 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1948, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1948 to Aug 4 1948 and that I last saw her alive on Aug 3 1948

Immediate cause of death	Duration
Cardiac Failure	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Scognetti M. D.
Address 1724 W. Lombard St Date signed Aug 6 '48

VS 150

X

665660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 665660

Type or write the causes of death clearly and legibly. Physicians: please write the information supplied as carefully as possible. Answer all questions as specifically important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Laurens St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Jas. D. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Amanda

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1876

8. AGE: Years 71 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name James Carter
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Amanda Carter
(b) Address 1631 Laurens St.

17 (a) Burial (b) Date thereof 7-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Md.

18 (a) Funeral director George E. Kelson
(b) Address 1743 Pennsylvania Ave

19 (a) AUG 1 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5, 1948 at 4 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12, 1947 to Aug. 5 1948 and that I last saw h— alive on Aug. 5 1948

Immediate cause of death	Duration
Hypertensive Heart	1 yr.
Due to	
Due to	
Other Conditions Hemiplegia	6 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Blanz M. D.
Address 1516 N. Mount St. Date signed 8/7/48

VS 150

G65661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

G65661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin St.,
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 647 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edward Walter Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cora Louise Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-05

8. AGE: Years	Months	Days	If less than one day
43		2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Cora Louise Miller
(b) Address 647 Patapsco Ave
17 (a) B. (Burial, cremation, or removal) (b) Date thereof 8-7-48. (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie
18 (a) Funeral director Wilton Schilling
(b) Address 3914 Hanover St.
19 AUG 7 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** August 5 1948, at 1:5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1948 to Aug 5 1948, and that I last saw him alive on Aug 5 1948.

Immediate cause of death	Duration
Cardiac arrest	
Due to Congenic Failure	
Due to Rheumatic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John M Rehberg M. D.
Address St. Joseph's Hosp. Date signed 8-5-48

VS 150

G65662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65662

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2632 St. Benedicts Street
(c) Hospital or institution: **********
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---- 7D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2632 St. Benedicts Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM E. LIDDLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5293

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha May Liddle
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr) 9 - 3 - 1874

8. AGE: Years	Months	Days	If less than one day
73 75	11	2	********** hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Brush HandelMaker
11. Industry or business William Ives Company

FATHER
12. Name William E. Liddle
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary L. Greenwald
15. Birthplace Maryland

16 (a) Informant Bertha May Liddle(wife)
(b) Address 2632 St. Benedicts St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7/48 (month) (day) (year)
(c) Cemetery or crematory Long Green Valley Cem.
Location Long Green, Balto. Co. Md.

18 (a) Funeral director F. B. WIPPERT & SON
(b) Address 1300 EUTAW PLACE...17

19 (a) AUG -7 1948 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5th. 1948. 5:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1948 to Aug 5 1948, and that I last saw him alive on Aug 4 1948

Immediate cause of death Carcinomatosis — Duration 2 Hrs.
Due to
Due to
Other Conditions Pneumonia (Influenza) — 24 Hrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbert McCall, M.D.
Address 2030 Wilkens Ave. Date signed 8/7/48

Dr. Benj. Miller. X

G65663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓164a

G65663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N. Gilmore St.
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME Henry James Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Alice Ivory

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1910.

8. AGE: Years	Months	Days	If less than one day
37	11	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER
12. Name Jeremiah Maddox
13. Birthplace Princess Anne, Md.

MOTHER
14. Maiden Name Eleanna Spears
15. Birthplace Catonsville, Md

16 (a) Informant: Alice Maddox
(b) Address 508 N. Gilmore St.

17 (a) Burial (b) Date thereof Aug. 7 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star.
Location Catonsville Md.

18 (a) Funeral director Mrs. Hattie R. Williams
(b) Address 322 W. Monroe St.

19 AUG - 7 1948 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948, at 7½ P M

21. I certify that I took charge of the remains described above, held an Inspection and Ing. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Asphyxiation by hanging.

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8-4-48 at approx. 6:30 P.M.
(b) Where did injury occur? 308 N. Gilmore St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? .....
(d) Means of injury Hanging

23. Signature George F. Merrill M.D.
Medical Examiner.
Date signed 8/4/48

VS 151

X

G65664 Dec 48-16397 BALTIMORE CITY HEALTH DEPARTMENT X 159 G65664

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy "A" Tyler Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-4-48

8. AGE: Years | Months | Days | If less than one day: 20 hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Tyler
13. Birthplace

MOTHER
14. Maiden Name Elizabeth
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 AUG -7 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 15A

20. DATE OF DEATH August 5 1948, at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1948, to 8-5 1948, and that I last saw him alive on 8-5 1948.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions Atelectasis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Ryan M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

X

G65665 Dr. Taylor Greenmount Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131a

Registered No. G65665

Please write the causes of death clearly and legibly. Use only approved abbreviations. Physician: please write supplemental data if necessary.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 St. Ann's Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 St. Ann's Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah M. Birner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife George Birner
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) October 6, 1891

8. AGE: Years	Months	Days	If less than one day
56	10	0	....hr. ....min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown Adams
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. George B irner
(b) Address 614 St. Ann's Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1017 St. Paul Street

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) Tuntington for Williams, M.D. Registrar

V S 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948, at 12:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to Aug. 6 1948, and that I last saw her alive on Aug. 5 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension Cardio-vascular renal dis	5yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Taylor M. D.
Address 3902 Greenmount Ave. Date signed Aug 7 48

X

G65666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G65666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution:
U S Marine Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 W Hoffman St, Balto, Md.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME REID, Walter (Also, REED)

3 (b) If veteran, name war
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Florence Thomas Reid
6 (c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): Sept 6, 1902

8. AGE: Years 45 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace: Haightford, N. C.
(Town, county, and state)
10. Usual Occupation: Seafarer
11. Industry or business: Oiler

FATHER
12. Name: Wilson Reid
13. Birthplace: unk

MOTHER
14. Maiden Name: Rebecca Garner
15 Birthplace: unk

16 (a) Informant: Records
(b) Address: U S Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md
18 (a) Funeral director Wm A Jackson
(b) Address 916 Penna Ave
19 (a) AUG - 7 1948 (Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION A

20. DATE OF DEATH August 4, 1948, at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1948 to Aug. 4, 1948 and that I last saw him alive on Aug. 4, 1948.

	Duration
I. Anoxia due to pentothal anesthesia	
2. Hypertensive cardiovascular renal disease	Unknown
3. Hypertrophy, cardiac marked (weight 555 gm.)	Unknown
4. Generalized arteriosclerosis especially marked in cardiac and cerebral vessels	Unknown

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 7-4-48 at 8:25 AM
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Marine Hospital While at work? No
(Specify type of place)
(e) Means of injury: Fell off operating table - anesthesia pentothal

23. Signature: F. van Ackeren, Medical Director
Address: Med. Officer in Charge Date signed: Aug. 4, 1948
U. S. Marine Hospital, Balto., Md.

VS 150

G65667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1157 Sargeant St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1157 Sargeant St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George T Forester

3 (b) If veteran, name war: World War I
(c) Social Security Account No. 219-03-6152

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Johanna Forester
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr) April 15 1857

8. AGE: Years 61 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Cabinet Maker
11. Industry or business Woodworking

FATHER
12. Name Leonard Forester
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Johanna Forester
(b) Address 1157 Sargeant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1948 (month) (day) (year)

(c) Cemetery or crematory Baltimore National
Location 5100 Frederick Road

18 (a) Funeral director John J Cowan + Son
(b) Address 909 Hollins St

19 AUG - 7 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-1948, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1948, to 8-6-1948, and that I last saw h alive on 8-6-1948.

Immediate cause of death: Cerebral Embolism — Duration
Due to: Chronic Myocarditis
Due to: Arteriosclerosis
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury:

23. Signature Louis J Sloan M.D.
Address 876 Washington Blvd Date signed 8/6/48

VS 150

Not M.T. Cert

G65668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √149a

Registered No. G65668

Type or print plainly in ink. Make no erasures. Be sure that every item is properly filled in. Causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or ~~XXXXXX~~: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs. 9-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. 30th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Mary VanDaniker 48-17225 √

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Howard VanDaniker 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1911

8. AGE: Years	Months	Days	If less than one day
37	1	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Michael J. Gilloely
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Rowland
15. Birthplace Ireland

16 (a) Informant Mr. James H. VanDaniker
(b) Address 730 E. 30 St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1948 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Confer
(b) Address 924 E. Eager St.

19 AUG - 7 1948 (Date rec'd by registrar) (b) Burlington Wilmington, N.C.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948, at 9:05 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from August 6, 1948 to August 6, 1948 and that I last saw her alive on August 6, 1948

Immediate cause of death	Duration
Rupture of Uterus	1hr.
Due to	
Due to	puerp.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Rupture of Uterus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Ehrlich M.D.
Address St. Joseph Hosp. Date signed 8-6-48

G65669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G65669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Groveland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Groveland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Light Lutz

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Lutz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1906

8. AGE: Years 41 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Radio Assembler
11. Industry or business: Bendix Radio

FATHER
12. Name: John Lutz
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Alice Mack
15. Birthplace: Alsace Lorraine

16 (a) Informant: Mrs. Ruth Lutz
(b) Address: 4201 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/48 (month) (day) (year)
(c) Cemetery or crematory: Prospect Cem.
Location: Mt. Airy, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) AUG - 7 1948 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1948 at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1948 to Aug 6 1948, and that I last saw h im alive on Aug 6 1948

Immediate cause of death: Coronary Thrombosis — Duration: 3 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Nathan Wolf M. D.
Address: 4117 Belvieu Ave. Date signed: Aug 6/48

VS 150

Instructions: Please answer questions accurately and completely. Information is especially important. Physicians: please write the causes of death clearly and legibly.

G65670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

G65670 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 E. Fairmount Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 E. Fairmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Louis Habicht

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Habicht
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 3rd, 1885

8. AGE: Years	Months	Days	If less than one day
63	2	4	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Lumber

FATHER
12. Name Frank L. Habicht
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Gertrude Habicht
(b) Address 3417 E. Fairmount Avenue

17 (a) burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Avenue

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3019 E. Monument Street

19 (a) 8 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1948 to Aug 6 1948 and that I last saw h 17 alive on Aug. 6 1948

Immediate cause of death Congestive Heart failure — Duration 6 wks.
Due to Coronary Occlusion
Due to Arteriosclerosis
Other Conditions ~
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice I. Shub, M.D.
Address 1431 V Kenwood Av Date signed 8/6/48

V S 150

G65671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

G65671 Registered No.

Please write the causes of death clearly and legibly. Use only standard abbreviations. Physicians: please write your signature.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 J St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lilith Horne Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/14/16

8. AGE: Years 32 | Months 4 | Days 23 | If less than one day 22 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thorman Horne
13. Birthplace Fredville, N.C.

MOTHER
14. Maiden Name Helen Brown
15. Birthplace Sparrows Point

16 (a) Informant Lilith Horne Wilson
(b) Address 1007 J St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 8 48 (month) (day) (year)
(c) Cemetery or crematory
Location Leonardtown Md.

18 (a) Funeral director Mrs. Dot A. Elliott
(b) Address 129 N. Caroline St

19 (a) 8 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1948, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1948 to 8/5 1948 and that I last saw her alive on 8/5 1948

Immediate cause of death	Duration
Generalized peritonitis	
Due to Carcinoma of Stomach	
Due to	
Other Conditions Ovarian tumor probably malignant	

(Include pregnancy within 3 months of death)

Date of operation 7/27/48

Major findings of operation: Inoperable carcinoma of stomach. Ovarian tumor

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. W. Hoffler M.D.

Address Provident Hosp. Date signed 8/7/48

VS 150

G65672

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 365672 Registered No.

CERTIFICATE OF DEATH 52B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument · Rutland
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4/3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West VA. (b) County
(c) City or town Logan
(If outside city or town limits, write RURAL and give town)
(d) Street No. 185 Nighert
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** ISADORE WEINER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18 1892

8. AGE: Years 56 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER: 12. Name Morris Weiner
13. Birthplace Russia

MOTHER: 14. Maiden Name Emma
15. Birthplace Russia

16 (a) Informant Mrs Elizabeth Weiner
(b) Address 185 Nighbert St Logan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/48 (month) (day) (year)
(c) Cemetery or crematory Cencinnati Ohio
Location

18 (a) Funeral director Sol Levy Sons & Bro
(b) Address 112 W Pratt

19 (a) 8 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 August 1948 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 23 July 1948 to 7 Aug 1948, and that I last saw h(er) alive on 7 Aug 1948

Immediate cause of death	Duration
Cachexia	
Due to Carcinoma metastasis	
Due to bladder carcinoma	
Other Conditions Renal failure	

(Include pregnancy within 3 months of death)

Date of operation April

Major findings of operation: Cancer of bladder

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Weiner M. D.
Address Sinai Hospital Date signed 7 Aug 48

VS 150

Write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT X G65673 Registered No.

G65673

CERTIFICATE OF DEATH 117B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~ or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County KENT
(c) City or town BETTERTON
(If outside city or town limits, write RURAL and give town).
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. BRICE

3 (b) If veteran, name war: UNKNOWN
3 (c) Social Security Account No.: UNKNOWN

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: UNKNOWN
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1883

8. AGE: Years: 65 | Months: UNKNOWN | Days: | If less than one day ____ hr. ____ min.

9. Birthplace: MARYLAND (Town, county and state)
10. Usual Occupation: MANAGER
11. Industry or business: POWER COMPANY

FATHER
12. Name: HORACE BRICE
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: SUSIE YOUNG
15. Birthplace: MARYLAND

16 (a) Informant: CHARLES H. BRICE
(b) Address: BETTERTON, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1948 (month) (day) (year)
(c) Cemetery or crematory: Still Pond
Location: Still Pond Md

18 (a) Funeral director: C B R Gresham
(b) Address: Still Pond Md

AUG - 8 1948 (Date rec'd by registrar) Huntington-Williams Funeral Service

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 7 1948 at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 July 1948 to 7 Aug. 1948 and that I last saw h.IM alive on 1 Aug 1948.

	Duration
Immediate cause of death (1) MYOCARDIAL INFARCTION	4 DAYS
Due to ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
Due to	
Other Conditions (2). DUODENAL ULCER 10 YRS+.	

(Include pregnancy within 3 months preceding)
Date of operation 7.19.48, 7.27.48 and 8.3.48
Major findings of operation: DUOD. ULCER; GASTRIC RESECTION
of autopsy: AS ABOVE.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Carl Ewing III
Address University Hosp. Date signed 8.7.48

VS 155

Please write clearly and legibly.

G65674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ S-65674 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2024 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2024 Eutah Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris W. Fedder

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Kitchen Helper
11. Industry or business

FATHER
12. Name Hungow
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Al Fedder
(b) Address 2702 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 2160 Eutaw Place

19 AUG 8 1948 (Date received by registrar) (Frantz Funeral Home, Williamsport, Md.)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1948, at 6:30 P M

21. I certify that I took charge of the remains described above, held an Inquest inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
coronary heart disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Emil L Rogby M.D.
Medical Examiner.
Date signed August 7, 48

X

G65675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G65675 Registered No.

1. PLACE OF DEATH: Sunday Sanitarium
(a) Baltimore City, Maryland (City)
(b) Street address Frederick Rd
(c) Hospital or institution: Sunday Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED: Same as above
(a) State Md. (b) County Balto. City
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Monumental Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Mary Richardson (MARY RICHARDSON)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 26 1867

8. AGE: Years 80 | Months 11 | Days 12 | If less than one day: ..... hr. ..... min.

9. Birthplace Mary Lamar (Baltimore)
(Town, county, and state)
10. Usual Occupation Lady
11. Industry or business — (NONE)

FATHER
12. Name William Richardson
13. Birthplace Md (Baltimore)

MOTHER
14. Maiden Name Julia Bennyghausen
15. Birthplace Md (Baltimore)

16 (a) Informant Mrs. Henry L. Lederer Jr.
(b) Address 5001 Pimlico Ave.

17 (a) Entombment (b) Date thereof Aug 9 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave., City

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108-20 North Ave, City

19 (a) Aug 8 1948 (b) Waiting for Will
(Date received by registrar) Remarks

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7th 1948, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1948 to Aug 7 1948, and that I last saw h.. alive on Aug 7 1948

Immediate cause of death Cerebral Hemorrhage — Duration 4 Hours

Due to Intra Cranial — 2 years

Due to Age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred J. Gundry M. D.
Address 5002 Frederick Rd. Date signed

VS 2

G65676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1278

G65676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2752 Baker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2752 Baker St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Libby C. Airey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26- 1897

8. AGE: Years	Months	Days	If less than one day
51	-	11	hr, min.

9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Franklin Airey
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Sophia Kimmey
15. Birthplace Cambridge Md.

16 (a) Informant John Airey
(b) Address 2752 Baker St.

17 (a) Burial (b) Date thereof 8-9-1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St

AUG - 8 1948 (b)
(Date rec'd by Registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1948, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1948 to Aug 6 1948 and that I last saw her alive on Aug 6 1948

Immediate cause of death	Duration
Edema of Lungs	24 hr
Due to Acute Dilatation of Heart	
Due to	
Other Conditions Chronic Gall Bladder condition	6 mo

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Luckabaugh M.D.
Address 708 E Northam Ave Date signed 8/8/48

111 c

G65677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G65677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1918

8. AGE: Years	Months	Days	If less than one day
35	-		hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Annie Jones
15. Birthplace Md.

16 (a) Informant: Molly Lewis
(b) Address 629 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Joseph E. Bocks
(b) Address 1306 N. Central Ave

8-8 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948 at 6 45 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary artery disease
Edema of Lungs
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George A. Merrill M.D. Medical Examiner.
Date signed August 5, 1948

VS 151

G65678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G65678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Rosaten ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles J Klug (KLUG)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 11 1873

8. AGE: Years	Months	Days	If less than one day
72	7	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bon. Gas + Elect Co.

FATHER
12. Name Joseph A Klug
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Schrenk
15. Birthplace Md

16 (a) Informant Mr Clement Klug
(b) Address 5011 York Road

17 (a) Burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Mary's Ground
Location Baltimore, Md

18 (a) Funeral director Geo L Beyer Jr
(b) Address 512 Hollins St
(c) 8 1948 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-48 19 , at 12 47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20-48 19 , to 8-6-48 19 , and that I last saw h.i alive on 8-6-48 19 .

Immediate cause of death Resp failure due to heart & Kidney failure - uremia

Duration
over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Hahn M. D.
Address University Hosp Date signed 8-6-48

VS 150

G65679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G65679 Registered No.

Please write plainly with ink or indelible pencil. Do not use abbreviations. The cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 McHenry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 S. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Carrie O. Beadenkopf

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William D. Beadenkopf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Apr. 1st. 1861

8. AGE: Years	Months	Days	If less than one day
87	4	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name William Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Maryland

16 (a) Informant Mr. Milton Beadenkopf
(b) Address 2012 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director Geo. T. Boyce Jr.
(b) Address 1512 Hollins St.

19 (a) 1948 (b) Rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948, to Aug 5 1948, and that I last saw her alive on Aug. 4 1948.

Immediate cause of death: Coronary Thrombosis — Duration:

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Schiahler M. D.
Address 1933 W. Baltimore Date signed 8/6/48

VS 150

G65680 G65680

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No.
CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 52
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County WICOMICO
(c) City or town SALISBURY
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3 (a) FULL NAME ELLIOTT WHITE

3 (b) If veteran, name war: 0
3 (c) Social Security Account No.: 0

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife: 0
6 (c) If alive, give age: 0 years

7. Birth date of deceased (mo., day, yr.): 1932

8. AGE: Years 16 | Months 5 | Days [illegible] | If less than one day ____ hr. ____ min.

9. Birthplace: MARYLAND (Town, county, and state)
10. Usual Occupation: STUDENT
11. Industry or business: 0

FATHER
12. Name: E. R. WHITE, JR.
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: ALICE E. ELLIOTT
15. Birthplace: MARYLAND

16 (a) Informant: E.R. WHITE JR
(b) Address: SALISBURY, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 11 (day) 48 (year)
(c) Cemetery or crematory: Parsons
Location: Salisbury
18 (a) Funeral director: Hall + Johnson
(b) Address: Salisbury
16 (a) 8 [illegible] (b) — (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 8 1948, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 1 1948 to AUG 8 1948 and that I last saw h IM alive on 8 AUG 1948

Immediate cause of death	Duration
HEMORRHAGE, CEREBRAL	12 HRS.
Due to APLASTIC ANEMIA	2 MOS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 0
Major findings of operation: 0
of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Carl Ebeling
Address Univ. Hosp. Date signed 8-8-48

VS 150.

G65681 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65681

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3609 Mohawk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Frederick
(c) City or town Winchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 W. Lancaster St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada E. Willoughby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Francis J. Willoughby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 5, 1855

8. AGE: Years 93 | Months 7 | Days 1 | If less than one day ....hr. ....min.

9. Birthplace Dorchester Co. Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Ann Wright
15. Birthplace Maryland

16 (a) Informant Elbert Willoughby
(b) Address 3609 Mohawk Ave

17 (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loraine
Location (City or town) Balto. Co. Md. (State)

18 (a) Funeral director Loring Dyer
(b) Address 3017 Wash. Blvd.

(a) (b)
AUG 8 1948 Huntington Williams
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1948, at 3:33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 Jul 1948 to 6 Aug 1948.
and that I last saw h[illegible] alive on 6 Aug 1948.
Immediate cause of death Pneumonia

Duration

Due to Fractured Neck
Left femur. arteriosclerosis
Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-6-48 at 9 A M
(c) Where did injury occur Winchester, Fred. Co., Va.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury slipped & fell to floor

23. Signature W. P. Beasley
Address 3033 W. North Ave Date signed 8/6/48

C.O. Fell mortician

G65682

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G65682
CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution:
Church Home and Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County HARFORD
(c) City or town Castleton
(If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MYRTLE PHIPPS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife MR. Joseph Phipps
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr) July 25, 1881

8. AGE: Years 67 | Months 0 | Days 13 | If less than one day 14 hr. — min.

9. Birthplace North Carolina.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Lee Debard
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Sarah Parsons
15. Birthplace Virginia

16 (a) Informant Mrs Myrtle Phipps
(b) Address (Deceased)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1948 (month) (day) (year)
(c) Cemetery or crematory Wytheville
Location Wythe Co., Va.

18 (a) Funeral director H. D. Bailey
(b) Address Darlington, Md.

19 (a) (b)
Registered by registrar Registrar
AUG 8 1948
Huntington, W. Va.
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8th Aug. 1948 at 2:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7 Aug 1948 to 8 Aug 1948, and that I last saw her alive on 8 Aug 1948.

	Duration
Immediate cause of death Infarction of myocardium due to arteriosclerotic coronary artery Thrombosis	1-2 hrs.
Due to Arteriosclerotic Heart Disease with arterial hypertension.	6 years.
Due to	
Other Conditions Previous myocardial infarction	6 wks.

(Include pregnancy within 3 months of death)
Date of operation autopsy
Major findings of operation: Myocardial infarctions, recent and old.
of autopsy: Pulmonary atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lee M. Howard M. D.
Address Church Home Hosp. Date signed 8/8/48

G65683

BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G65683

CERTIFICATE OF DEATH 46 H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Main St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) **FULL NAME** Harrison A. Clark

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife Nellie
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr) July 17, 1889

8. **AGE:** Years: 59 | Months: - | Days: 23 | If less than one day: hr. min.

9. Birthplace Savage, Howard, Md. (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Elmer Clark
13. Birthplace Maryland

MOTHER
14. Maiden Name Mollie Green
15. Birthplace Maryland

16 (a) Informant Maynard E. Clark
(b) Address Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-48 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Co

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown

19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1948 at 1 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 27 Jul 1948 to 9 Aug 1948 and that I last saw him alive on 8 Aug 1948.

	Duration
Immediate cause of death: Ileus	2 wks.
Due to: Large bowel obstruction	17 days
Due to: Generalized peritoneal carcinomatosis.	
Other Conditions: Ascites	

(Include pregnancy within 3 months of death)
Date of operation Jun 1948
Major findings of operation: Generalized peritoneal carcinomatosis
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roman V. Ulane M. D.
Address Franklin Sq. Hosp. Date signed 9 Aug 48

ROMAN V. ULANE

VS 150

G65684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G65684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street 25
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn, Baltimore 25
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Fourth St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. NICHOLS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-0804

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Nov 23, [illegible] 18[illegible]

8. AGE: Years 76 | Months 8 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Hotel Business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Sarah Nichols
(b) Address 3501 Fourth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director John F Denny Inc
(b) Address 714 Light St

19 (a) AUG [illegible] 1948 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1948 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1948 to August 6 1948, and that I last saw h.[illegible] alive on August 6 1948.

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to Adenocarcinoma of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation August 2, 1948
Major findings of operation: Carcinoma of Stomach & Generalized Metastases
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John M. Nelson Jr M. D.
Address [illegible] Gen Hosp Date signed

VS 150

Bloponter X 8/6/1948

65685

ES116827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G65685

Type or print the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 7-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 McDonogh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grant Edward Jeffries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated.

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 10, 1914

8. AGE: Years	Months	Days	If less than one day
34	4	28	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Jeffries
13. Birthplace Va.

MOTHER
14. Maiden Name Hay Crosby
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Avenue

17 (a) Shipped Et (b) Date thereof 8-12-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Farmville
Location Virginia

18 (a) Funeral director Layne Sanders
(b) Address 1115 E. Preston St.

19 (a) AUG - 9 1948 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1948, at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1948 to 8-7 1948, and that I last saw him alive on 8-7- 1948.

Immediate cause of death Tuberculosis, far advanced, bilateral. — Duration

Due to

Due to

Other Conditions Spontaneous pneumothorax with subcutaneous emphysema
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gayle Brussel M.D.
Address Balto City Hosp Date signed 8 Aug 48

G65686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163B

Registered No. G65686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Division Ave
(c) Hospital or institution: Provident Hosp 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 W. 43rd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3 (a) FULL NAME Maria Addison

3 (b) If veteran, name war none
3 (c) Social Security Account No. None

4. Sex F
5. Color or race Negro
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife none
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 4-27-87
8. AGE: Years 61 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.
9. Birthplace Lowry Cosey Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hospital Record
(b) Address Provident Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location: Balto Co
18 (a) Funeral director Payne Sandifer
(b) Address 1415 E. Preston St
19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Huntington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1948 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1948 to 8-6 1948
and that I last saw h[illegible] alive on 8-6 1948

	Duration
Immediate cause of death Hypertensive cardio-vascular-renal disease	3½ yrs
Due to	
Due to	
Other Conditions Type II adeno-carcinoma of thyroid (Include pregnancy within 3 months of death)	6 mos.

Date of operation none
Major findings of operation: none
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Cosey M.D.
Address 515 Mosher St Date signed 8-7-48

VS 150

131a

G65687 (from Nursery H.Z.H.) BC- 48-1668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G65687 Registered No.

HOSPITAL

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Morgan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8-5-48

8. AGE: Years | Months | Days | If less than one day: 8 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Quentin Morgan
13. Birthplace ? ?

MOTHER 14. Maiden Name Marie ?
15. Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Karl Penfold
(b) Address Huntington Hotel Towers, Md

19 (a) AUG - 9 1948 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1948, at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1948 to 8-6 1948, and that I last saw him alive on 8-6 1948.

Immediate cause of death	Duration
PREMATURITY	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NONE
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alan C Inemann MD M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

X

65688 Prem Nursery H.H.

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH J 159

G65688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore Mother (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Parole
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hawkins, Baby "Coates" Father

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-48

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Anne Arundel Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ? Coates
13. Birthplace ?

MOTHER
14. Maiden Name Margaret Hawkins
15 Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Loch Raphael

18 (a) Funeral director Hoff Peterson
(b) Address

19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1948, at 12:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30- 1948 to 8-6 1948, and that I last saw her alive on 8-6 1948.

Immediate cause of death	Duration
PREMATURITY	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NONE
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alan C Mermann MD M. D.
Address JOHNS HOPKINS HOSPITAL Date signed

VS 150

X

G65689

GLASHOFF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1102

Registered No. G65689

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3203 Belair Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3203 Belair Road (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Jane M. Glashoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Allan H. Glashoff

6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Feb. 1. 1889

8. AGE: Years: 59 | Months: 6 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name: John T. Andrews

13. Birthplace: Balto. Md.

MOTHER — 14. Maiden Name: Betty Betzer

15. Birthplace: Germany

16 (a) Informant: Allan H. Glashoff

(b) Address: 3203 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8.9.48 (month) (day) (year)

(c) Cemetery or crematory: Balto. Cem.

Location: North Ave E

18 (a) Funeral director: John C. Miller Inc

(b) Address: 2426 E. Oliver St (Huntington Woodlawn, Md.)

19 (a) (Date rec'd by registrar) Registrar

AUG - 9 1948

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-1948 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1948 to 8-5 1948 and that I last saw h[illegible] alive on 8-5 1948

Immediate cause of death	Duration
Heart Failure	24 hrs
Hypertension	12 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William L. Fearn M. D.

Address 3025 Belair Rd Date signed 8-9-48

X

PAUL V. WIEBER

C65690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 109a

Registered No. C65690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 N Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 213 N Madeira St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul V. Wieber

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-3078

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Wieber

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 28 1894

8. AGE: Years 54 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Brush division

FATHER
12. Name Henry J Wieber
13. Birthplace Md

MOTHER
14. Maiden Name Lena M Deuges
15. Birthplace Md

16 (a) Informant Minnie Wieber
(b) Address 213 N Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10th (month) (day), (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Balto

18 (a) Funeral director Hillside Funeral Home
(b) Address 200 E. Orleans St

19 (Date rec'd by Registrar) AUG 9 1945 (b) Huntington Williams, M.D. Registrar

V3 153

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6th 1945, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 July 1945 to 6 Aug 1945, and that I last saw him alive on 6 Aug 1945

Immediate cause of death	Duration
Pneumonia (Atypical)	2 wks
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wells MD M. D.
Address 221 E Fayette St Date signed Aug 7 45

G65691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G65691

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 N Gay St
(c) Hospital or institution: 7-

(d) Length of stay in hospital or inst. (yrs., mos., or days) one

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 N Gay St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Margaret Falk

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 - 1866

8. AGE: Years 92 | Months 5 | Days 24 | If less than one day 25 hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name ? ?
13. Birthplace Germany

MOTHER
14. Maiden Name ? Lotter
15. Birthplace Germany

16 (a) Informant Charles Falk
(b) Address 1000 N Gay St

17 (a) Burial (b) Date thereof 8/10/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas L Powell
(b) Address 2427 Edmondson Ave

19 (a) AUG - 9 1946 Huntington-Williams, Mortician
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1946, at 4:34 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to Aug 7 1946, and that I last saw her alive on Aug 6 1946.

Immediate cause of death — Duration
Cerebral Embolism 9

Due to

Due to

Other Conditions Gastric Ulceration, Rectal Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert C Schornak M.D.
5929 Dix St Balto 24 Date signed 8/9/46

131a

Please write the causes of death clearly and legibly. The accuracy, completeness, and promptness of this certificate are important. Physicians:

G65692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43B

Registered No. G65692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3321 Falls Road
(c) Hospital or institution: 13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3321 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Wesley Tracey

3 (b) If veteran, name war: --
3 (c) Social Security Account No. 213-26-2137

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Viola Tracey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1879

8. AGE: Years 68 | Months 9 | Days 9/10 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Stieff Silver Co.

FATHER
12. Name Henry Tracey
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia ---
15. Birthplace Maryland

16 (a) Informant Mrs. Grace V. Tracey
(b) Address 3321 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 10, 1948 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co., Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH August 7, 1948, at 7.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1948 to Aug 7 1948, and that I last saw him alive on Aug 6 1948.

Immediate cause of death	Duration
Cerebral thrombosis	3 min.
Due to arteriosclerosis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Egbert R. Mortimer Jr. M. D.
Address 2706 St Paul St Date signed 8/7/48

VS 150

G65693

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 159

G65693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern & Wilkens Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 Cherrydell Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Schoolkopf

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8-1948

8. AGE: Years | Months | Days | If less than one day: 16 hr. 25 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name J. Earl Schoolkopf

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Blanche E. Lubin

MOTHER 15. Birthplace Maryland

16 (a) Informant J. Earl Schoolkopf

(b) Address 132 Cherrydell Road Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10-1948 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home

(b) Address [illegible] Falls Road

19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/8 1948, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/5 1948 to 8/8 1948 and that I last saw h[illegible] alive on 8/8 1948.

Immediate cause of death	Duration
Respiratory failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Schoolkopf

Address St Agnes Hosp. Date signed 8/9/48 M. D.

VS 150

X

G65694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 N. Broadway.
(c) Hospital or institution: &-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 N. Broadway.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Frances Sauner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Wm. V. Sauner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1868

8. AGE: Years 79 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name Hannah Sefers
15. Birthplace Balto Md.

16 (a) Informant Wm. Satterfield
(b) Address 1803 Broadway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/48 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 Broadway.

19 AUG - 9 1948 (Date rec'd by Registrar) (b) Hunting for Wilmarth, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 Aug 1948, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 June 1939, to 8 Aug 1948, and that I last saw h[illegible] alive on 8 Aug 1948.

	Duration
Immediate cause of death: Coronary thrombosis	30 minutes
Due to: Arteriosclerosis	?
Due to:	
Other Conditions: Cardio-Vascular-renal disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel Eisenfeld M.D.
Address 714 E. Preston St Date signed 8 Aug 48

VS 150

94a

G65695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. G65695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 W. Lexington st.
(c) Hospital or institution:
Home of our Lady
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Mc Elderry st. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Elizabeth Stonesifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1859

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christopher Weiks
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Harry Stonesifer
(b) Address 2430 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-48 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director Eugene F. Hoffman
(b) Address 1639 E. Broadway

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1948, at 3:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to Aug 7 1948.
and that I last saw her alive on Aug 4th 1948.

Immediate cause of death	Duration
Acute Cardiac Dilitation	3 days
Due to Hypertensive Cardio-Vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Stonesifer M. D.
Address 2087 Wilkens Ave Date signed Aug 7 1948

VS 150

X

G65696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Aves.
(c) Hospital or institution: Sinai Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Givner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Abraham Givmer
13. Birthplace Russia

MOTHER
14. Maiden Name Bailey ?
15. Birthplace Russia

16 (a) Informant Nathan Givmer
(b) Address 307 N. Broadway

17 (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave.

18 (a) Funeral director Sol. Levinson & Bros.
(b) Address 1124-26 W. North Avenue

19 (a) AUG 9 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 August 1948, at 6 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease & Pulmonary Edema due to acute cardiac failure

Other Conditions Bronchial Asthma

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm H Kammerer M.D.
Medical Examiner.
Date signed 8 August 1948

VS 151

G65697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Clifton Park Terr
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Clifton Park Terr (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys W. Lawrence

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife R Kathryn Lawrence
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 20-1884

8. AGE: Years 63 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Queen Anne Co Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Thomas Stewell
13. Birthplace Md

MOTHER
14. Maiden Name Susanna Murphy
15. Birthplace Md

16 (a) Informant R Kathryn Lawrence
(b) Address 2804 Clifton Park Terr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1948 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Bertrand Hoke
(b) Address 2224 N Charles St

AUG 9 1948 (Date rec'd by Registrar) (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8th 1948 at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1948, to Aug 8 1948 and that I last saw her alive on August 7 1948

Immediate cause of death	Duration
Respiratory Failure	
Due to Hypostatic (terminal) Pneumonia	
Due to Abdominal and Pelvic Carcinoma	
Other Conditions Hypertensive Cardio Vascular Disease	

(Include pregnancy within 3 months of death)

Date of operation March 10, 1948
Major findings of operation: General, and Abdominal and Pelvic Carcinoma, origin undetermined
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address 4-E-33rd St-18 Date signed Aug 9, 1948

VS 150

G65698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G65698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution: Twilight Nursing Home 10-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 E. Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. ALBERT WHEATON

3 (b) If veteran, name war: Not known

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife: ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1867

8. AGE: Years: About 81 | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr Edward Aspril
(b) Address 7117 Horsepen Rd. Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Rickner & Sons
(b) Address North & Penna Aves.

19 AUG - 9 1948 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948, at 12:00 Noon

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ] and that the causes of death were

IMMEDIATE CAUSE OF DEATH A.S.C.V.D.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary [ ] or contributing [ ] cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Date signed Aug. 7/48 Medical Examiner.

VS 151

G65699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G65699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 E 22nd Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 13 E. 22nd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARJORIE C. SEELEY

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: C. Ford Seeley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1886

8. AGE: Years 62 | Months 3 | Days 16 | If less than one day: hr. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Walker
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. C. Ford Seeley
(b) Address 105 W. Saratoga St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem.
Location Brooklyn, N. Y.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG - 9 1948 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7/48 19 at 12:35 M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 8/7/48

VS 151

C65700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

Registered No. C65700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4132 Parkside Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances C. Deares

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-07-6955

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced divorced

6 (b) Name of husband or wife Conrad

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1899

8. AGE: Years 49 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Hat Checker

11. Industry or business Southern Hotel

FATHER
12. Name Valentine Napieralski
13. Birthplace Poland

MOTHER
14. Maiden Name Lucy Lenski
15. Birthplace Poland

16 (a) Informant Agnes Cuneo
(b) Address 21 W. Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11 48 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Blvd

18 (a) Funeral director Dippel Bros.
(b) Address 7110 Belair Rd.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 1948, at M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [signature] M.D.
Medical Examiner.
Date signed Aug 11

VS 151

G65701 JL - 110847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1148

G65701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Perry

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1900

8. AGE: Years 47 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Perry
13. Birthplace ?

MOTHER
14. Maiden Name Patricia Hawkins
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 8-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Holland Funeral Home
(b) Address 1631 Druid Hill Ave

19 (a) AUG - 9 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1948, at 4.45 Am M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1947, to Aug. 6 1948, and that I last saw him alive on Aug. 6 1948.

Immediate cause of death shock. — Duration 3 hours.

Due to Blood loss.

Due to Lobar Pneumonia, Bilateral

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8-5-48

Major findings of operation: Lung abscess of Lung.

of autopsy: Hemorrhage of Bronchus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Geo. E. M. D.
Address 4940 Eastern Ave Date signed 8-6-48

G65702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1463

Registered No. G65702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emmett Wooldridge

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 10 8489

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1888

8. AGE: Years	Months	Days	If less than one day
60	5	-	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Gus Wooldridge
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Richmond Va.

16 (a) Informant Mary Wooldridge
(b) Address 1427 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9/48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Mc Pott & Elliott Dyer
(b) Address 1129 N. Carlin St

19 (a) AUG 9 1948 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1948 to Aug. 5 1948 and that I last saw h. L. alive on August 1 1948.

Immediate cause of death	Duration
(a) Uremia - General	
Due to (b) Carcinoma and toxin	
Due to (c) Carcinoma of Stomach	9 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. LeRoy Lowry M.D.
Address 1420 E. Chase Date signed Aug 9 48

VS 150

G65703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 c

Registered No. G65703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 N. Fulton St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country.....

3 (a) FULL NAME William SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Married

6 (b) Name of husband or wife..... Cecelia
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 9, 904

8. AGE: Years	Months	Days	If less than one day
43	11	19	..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Mary Newman
13. Birthplace Md.

MOTHER
14. Maiden Name William Smith Sr
15. Birthplace Md.

16 (a) Informan: Cecelia Smith
(b) Address 1141 N. Fulton Ave

17 (a) Burial (b) Date thereof Aug 9/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location G.9 Co Md

18 (a) Funeral director Mrs Rott A. Elliott Dy
(b) Address 1129 N. Caroline St

19 (a) AUG - 9 1948 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1948, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection and Inq thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....
Bullet-wound of heart

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8-5-48 at ? 2:00 P.M.
(b) Where did injury occur? 1141 N Fulton St.
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury..... Firearm

23. Signature George L. Merrill M.D.
Medical Examiner.
Date signed 8/6/48

X

Dr. Krulevitz
2116 W. Pratt St.
G65704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G65704
Registered No.

Type or use ink. Spell out all words. Be sure the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2711 Boone Street
(c) Hospital or institution:
4 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Boone Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BEULAH McGUIRE

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James McGuire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace (?)
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Johnson
13. Birthplace (?)

MOTHER
14. Maiden Name (?)
15 Birthplace (?)

16 (a) Informant Mrs. Winfred Sprinkle
(b) Address 2711 Boone Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location City

18 (a) Funeral director WIEDEFELD & SON
(b) Address GREENMOUNT AVE & 22ND

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5th 1948 at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1948 to Aug 5 1948, and that I last saw h.e alive on aug 5 1948.

Immediate cause of death	Duration
Congestive Failure	
Due to Mayocardial Infarction	
Due to Coronary Artery Sclerosis	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

D. Signature K. Krulevitz
Address 2116 W Pratt St. Date signed 8/6/48 M. D.

VS 150

X

G65705

4693-34

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G65705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town Sumter.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Broad St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marian Gibson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-41

8. AGE: Years	Months	Days	If less than one day
6	10	24	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene Gibson
13. Birthplace S. C.

MOTHER
14. Maiden Name Rachel Hutchisson
15 Birthplace N. C.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof Aug 7 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Gastonia N. C.

18 (a) Funeral director Henry W Jenkins & Sons Co
(b) Address 4905 York Rd.

19 (a) AUG 9 1948 (Date rec'd by reg.) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 9 - 1948 at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29- 1948 to 8-9- 1948 and that I last saw her alive on 8-9- 1948.

Immediate cause of death	Duration
Cerebral Anoxia	
Due to Cardiac Cyanosis	
Due to Congenital Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug 7, 1948

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D.D. Cooley M.D.

Address JOHNS HOPKINS HOSPITAL Date Aug 9 48

VS 150

X

G65706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G65706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Poplar Grove St.
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MUHLHAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Henry Muhlhan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1865

8. AGE: Years: 82 | Months: 11 | Days: 28 | If less than one day: 19 hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Conrad Heimbuch
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Fleetner
15. Birthplace: Germany

16 (a) Informant: Mr. Wm. H. Brown (Nephew)
(b) Address: 2042 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 10, 1948 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: Baltimore

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6th 1948 at 10.30

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to Aug. 6 1948 and that I last saw h[illegible] alive on Aug. 6 1948.

Immediate cause of death: Myocardial Degeneration & Insufficiency — Duration:

Due to: Hypertension & arteriosclerotic typehart disease with cardiac hyper trophy and Congestive failure — Duration: several years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm Michel M. D.
Address 2901 Edmondson Ave Date signed Aug 8 1948

X

G65707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G65707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 658 Pitcher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 Pitcher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence B. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Perry A. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1884

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Henson Young
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Perry A. Smith
(b) Address 658 Pitcher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director James Astarye
(b) Address 1412 Wstill St

(a) Aug 9 1948 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1948 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul 9 1948, to Aug 7 1948, and that I last saw her alive on Aug 6 1948.

Immediate cause of death	Duration
Cerebral Hemorrhage	24hrs
Due to Hypertensive Cardio Vasc Renal Disease	3 yrs
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo McDonald
Address 844 N Carey Date signed 8/9/48

X

G65708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. G65708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: South Balto. General Hospital 14 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Balto.,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 Robert Street
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME JOSEPH NORRINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race [redacted] Col

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Myrtle Carwell Norrington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1902

8. AGE: Years 46 | Months - | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER
12. Name Unknown Jim Norrington
13. Birthplace Georgia

MOTHER
14. Maiden Name Janie ?
15. Birthplace "

16 (a) Informant Myrtle Norrington, Wife
(b) Address 556 Robert Street

17 (a) Burial (b) Date thereof Aug 9, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location.....

18 (a) Funeral director Mrs. K. R. Williams
(b) Address 372 N. Schroeder St

19 (a) AUG -9 1948 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1948 at 1:05 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Chest

Due to .....

Other Conditions Multiple Fractures
Ruptured Diaphragm
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: a. a. loc.
(a) Date of injury 8-5-48 at 12:35 A. M.
(b) Where did injury occur? Furnace Branch Rd. on Richie Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto-trailer-truck collision

23. Signature Earl L. Konz M.D.
Medical Examiner
Date signed 5 Aug 48

65709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. 65709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John H. Delly, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1928.

8. AGE: Years 20 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Stevedore

11. Industry or business

FATHER
12. Name: John H. Delly, Sr.
13. Birthplace: Winnsboro, S. C.

MOTHER
14. Maiden Name: Viola Gladney
15. Birthplace: Winnsboro, S. C.

16 (a) Informant: Viola Delly
(b) Address: 213 Myrtle Ave.

17 (a) Burial (b) Date thereof 8/11/48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director: Mrs. K R Williams
(b) Address: 322 N. Schroeder St

19 (a) AUG - 9 1948 (b) Huntington for Williams, Mgr
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: August 7, 1948, at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Crushed Chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury August 7, 1948 Balto. Co. M.
(b) Where did injury occur? Hammond Ferry Pt.
(c) Did injury occur at home, on farm, industrial place, in public place? B. & O. Overpass While at work? No
(d) Means of injury: Car went over the overpass.

23. Signature: [signature] M.D.
Medical Examiner.

Date signed 8-9-48

G65710 E.J.A. 121469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G65710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Low St. #2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna McKinney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1912

8. AGE: Years	Months	Days	If less than one day
36	4	26	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edd Johnson
13. Birthplace ?

MOTHER
14. Maiden Name Julia Stewart (D)
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Aug 9-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bethelham Cemetery
Location Kipling N.C.

18 (a) Funeral director Ethoy L Wilson
(b) Address

19 (a) AUG 9 1948 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1948, at 6.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1948 to August 6 1948, and that I last saw her alive on August 6 1948.

Immediate cause of death	Duration
Carcinoma of cervix with metastasis	7 mons.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca cervix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Reichold
Address Balto City Hosp. Date signed 8/8/48

665711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No. 665711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution:
WEST BALTIMORE GENERAL 20 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2592 W BALTIMORE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** WILLIAM M RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-3561

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of ~~husband~~ or wife HELEN (DRESSEL)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 17, 1883

8. AGE: Years	Months	Days	If less than one day
64	10	21	hr. min.

9. Birthplace MARYLAND
(Town, county, and state)
10. Usual Occupation CARPENTER
11. Industry or business BETHELEM STEEL

FATHER
12. Name JOSEPH RICHARDSON
13. Birthplace MD

MOTHER
14. Maiden Name
15. Birthplace MD

16 (a) Informant MRS HELEN RICHARDSON
(b) Address 2572 W PRATT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 12 '48 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location 3801 FREDERICK AVE

18 (a) Funeral director Harry A Wilhelm
(b) Address 410 Edmondson Ave

19 (a) AUG -9 1948 rec'd by registrar (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8 1948, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1948, to 8-8 1948, and that I last saw h. in alive on 8-8 1948.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertrophic Cardiovascular Disease	
Due to Nephrosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 8-3-48
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W.W.B Iderton M.D.
Address [illegible] Date signed 8-8-48

85712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G65712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5516 Harford Road
(If rural give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3 (a) FULL NAME James W. Wilkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Flora E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1884

8. AGE: Years	Months	Days	If less than one day
63	9	7	.....hr. .....min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Restaurant Owner
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Ann Wilkins
15. Birthplace Md.

16 (a) Informant Mr. Frank Wilkins
(b) Address 5516 Harford Road #14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-48 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road #14

19 (AUG - 9 1948) Washington Williams, MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7-48 1948, at 3 1/2 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to sudden death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-Respiratory failure

Due to Coronary Heart Disease

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury.....at.....M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?.....
(d) Means of injury.....

23. Signature Robert B. McFadden M.D.
Medical Examiner.
Date signed 8-7-48

VS 151

30 = 48-18436

G65713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered G65713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 Linden Ave
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wayne Sexton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7 1948

8. AGE: Years	Months	Days	If less than one day
			6 hr. & min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wayne James Sexton Sr.
13. Birthplace N. Caroline

MOTHER
14. Maiden Name Olive Moraney
15. Birthplace Waterbury Conn.

16 (a) Informant Wayne James Sexton (Father)
(b) Address 1403 Linden Ave

17 (a) Burial (b) Date thereof 8/9 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Wells Hoen
(b) Address 322 S. High St.

19 AUG 9 1948 (b) Huntington Williams, Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1948, at 11.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1948, to Aug 7 1948, and that I last saw her alive on Aug 7. 48

Immediate cause of death	Duration
Congenital Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Chenoweth
Address 11 E. Chase St Date signed 8/9/48
M. D.

X

G65714
AB-121090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 186a

G65714
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 25-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Gauge Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER William Barrett ~~or William Barrett~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Claudia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 15, 1870

8. AGE: Years 77 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name William Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hooker
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 8/11/48
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Sacred Heart
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) (Date received) Huntington Williams, M.D. Registrar

AUG -9 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7- 1948, at 12.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1948 to 8-7- 1948, and that I last saw him alive on 8-7- 1948.

Immediate cause of death	Duration
Cerebral Thrombosis	?
Due to Arteriosclerosis	
Due to	
Other Conditions Fractured hip (Include pregnancy within three months of death)	4 wks

Date of operation 7/31/48

Major findings of operation:
Intertrochanteric Fracture left hip

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 5, 1948 at ? M
(c) Where did injury occur? 1306 Gauge So. Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury ~~Drowned~~ Fall in Home

23. Signature Norman F. Ayle, M.D.
Address 4940 Eastern Ave Date signed 8/7/48

TO BE APPROVED BY THE MEDICAL EXAMINER G. L. Merrill MD X

G65715

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 159

Registered No. G65715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fowland & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town High Point (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Billy Eugene ARNOLD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/48

8. AGE: Years — Months — Days 1 — If less than one day hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Edward W. Arnold

13. Birthplace Kentucky

MOTHER 14. Maiden Name Stella Yates

15. Birthplace North Carolina

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

University Medical School AUG 9 1948

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG - 9 1948 (Date rec'd by Registrar) Huntingtown, Williams, Md Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1948 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1948 to 8-3 1948; and that I last saw him alive on 8-3 1948.

Immediate cause of death	Duration
Respiration Ceased	
Due to PREMATURITY	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James M. Bruner M.D.

Address Clin. Hosp. Date signed 8/6/48

X

5716

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 47

CERTIFICATE OF DEATH

Registered No. C65716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford Howard
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Albert Cobb -

3 (b) If veteran, name war: unknown
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: None —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joshua Cobb
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary - Unknown
15. Birthplace unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 9 1948

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG - 9 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1948 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1948 to 8-3 1948 and that I last saw h.im alive on 8-3 1948.

Immediate cause of death	Duration
Carcinomatosis peritonei	
Due to Squamous cell carcinoma esophagus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 8-2-48
Major findings of operation: Inoperable Ca lung & pleural effusion
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Evans M.D.
M. D.
Address Univ. Hosp. Date signed 8-6-48

VS 150

C65717 BC-48-16734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161a

Registered No. C65717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: U. of Maryland Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Howard
(c) City or town Elkridge, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Coger

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/48

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore, MD.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Franklin, Coger
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Coger
15. Birthplace MD.

16 (a) Informant —
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 AUG - 9 1948 Westminster, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4 1948 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1948 to 8/4 1948
and that I last saw h/ alive on 8/4 1948

Immediate cause of death Asphyxia

Due to Uterine Contraction

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Bold M. D.
Address University Hosp. Date signed 8-4-48

Received University Medical School AUG 9 1948
City Commissioner of Health

VS 150

G65718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G65718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 E. Madison st.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Josephine Kimmel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Joseph Kimmel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11 1903

8. AGE: Years 44 | Months 11 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gilbert Stubka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Emma Zeleny
15. Birthplace Bohemia

16 (a) Informant Mr. Joseph Kimmel
(b) Address 2102 E. Madison St.

17 (a) Burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Mark Lerch & Son
(b) Address 900 N. Chester st

19 (a) ... (b) ...
(Date rec'd by registrar) Registrar

Buntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7-48 19 ..., at 1 15/A M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ..., and that I last saw her alive on 8-6 1948

Immediate cause of death: Cerebral hemmorhage — Duration: 31 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Dorsey, Jr. M. D.
Address ... Date signed

G65719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G65719 Registered No. 46E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No 28 Burke Avenue
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mr CLARENCE BARBOUR

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emma Payne Barbour
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1877

8. AGE: Years	Months	Days	If less than one day
70	8	25	....hr. ....min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Taxicab owner
11. Industry or business self

FATHER
12. Name Thomas Barbour
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Williams
15 Birthplace Penna.

16 (a) Informant Mrs. Emma B. Barbour
(b) Address 28 Burke Ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1948 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Parkville, Maryland

18 (a) Funeral director John Burns Sons
(b) Address Towson, Maryland

16 (c) Date 1948 by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1948 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ....19...., to ....19....., and that I last saw him alive on Aug. 8 1948

Immediate cause of death	Duration
1 Pneumonia	
Due to Post operative Complication	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Ca. of Ascending Colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ....at.... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home; on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A. Liberto
Address Bon Secours Hosp Date signed M 8 D 8/8/48

VS 150

G65720 ✓ G65720

G65720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Frederick Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Iva La France Roosmeisl.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-18-3885

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Fred Roosmeisl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 13 1898

8. AGE: Years 50 | Months 5 | Days 26 | If less than one day: hr. 4 min.

9. Birthplace Clarksburg W. Va
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Tourist Lunch

FATHER
12. Name Benjamin F. Markley
13. Birthplace W. Va

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace W. Va

16 (a) Informant: Mrs. Mary Velma Richardson
(b) Address 2214 Frederick Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug-10-1948 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schwartz
(b) Address 3101 Frederick Avenue

19 (a) 1948 (Date rec'd by registrar) Herrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1948, at 11 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D.
Medical Examiner.
Date signed Aug. 8-1948

VS 181

G65721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G65721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Andrew J. Curry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1878

8. AGE: Years	Months	Days	If less than one day
70		14	hr. min.

9. Birthplace Maryland (city, county, and state)
10. Usual Occupation Farmer
11. Industry or business None

FATHER
12. Name Mr. Ralph Curry
13. Birthplace Town Glove Md.

MOTHER
14. Maiden Name Hannah Stem
15 Birthplace Maryland

16 (a) Informant Son Mr. Russell Curry
(b) Address Stewartstown, Pa. R.D. 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Watters
Location Cockeysville

18 (a) Funeral director Martin G. Kirk
(b) Address Jarrettsville Md.

19 (a) AUG 10 1948 Huntingtn Williamsport Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1948, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1948, to Aug 9 1948, and that I last saw him alive on Aug 9 1948.

Immediate cause of death Uremia — Duration 4 days (?)
Due to Nephrosclerosis — ?
Due to Arteriosclerotic HD & Decompensation — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John R. Smith, Jr. M.D.
Address Vaughn Memorial Hosp Date signed 8/11/48

VS 150

65722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 65722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Park Ave (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Fred Elfano

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
M	W	Single

6 (b) Name of husband or wife.....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
59			hr. ..... min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Scissors grinder
11. Industry or business

FATHER
12. Name (Unknown) Elfano
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant R. N. Wright
(b) Address 816 Park Ave
17 (a) Burial (b) Date thereof 8/10/48 (Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.
AUG 10 1948 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1948, at 12:30 P M
21. I certify that death occurred on the date above stated, that I attended deceased from 8/4 1948 to 8/5 1948, and that I last saw him alive on 8/5 1948
Immediate cause of death: (a) Chronic hypertrophic Pulmonary Osteo Arthropathy — Duration 7
Due to.....
Due to.....
Other Conditions.....
(Include pregnancy within 3 months of death)
Date of operation.....
Major findings of operation:.....
of autopsy:.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Blood
Address Maryland Gen. Hosp. Date signed 8/8/48

VS 150

G65723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BC-48-16181 159 Registered No. G65723

Please write the causes of death clearly and legibly. Physicians: please write carefully and legibly. Typewriting important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Magothy Beach AA Co Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Radcliffe.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 8-9-48 8/1/48

8. AGE: Years | Months | Days: 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Elwood Radcliffe.
13. Birthplace Stevensville, Maryland.

MOTHER
14. Maiden Name Alice Catherine Harrison
15. Birthplace Chester, Penn, Penn Radcliffe

16 (a) Informant Mrs. Alice Catherine Harrison
(b) Address Magathy Beach A. A. Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 10 48 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location RITCHIE HIGHWAY

18 (a) Funeral director JOHN F. DENNY, INC
(b) Address 715 LIGHT ST -30

19 AUG 10 1948 (Date rec'd by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1948 12.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1948 to 8-9 1948 and that I last saw h alive on 8-8 1948.

	Duration
Immediate cause of death Resp. Failure	
Due to Congenital Atresia of Lungs.	6 mos.
Due to Immature embryonic development	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard C. Hayden M. D.
Address Bon Secours Hosp Date signed 8-9-48

G65724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G65724 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway and Fairmount Ave.
(c) Hospital or institution:
Church Home and Hospital 9-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 E. 33rd Street
621 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Cresap WILLIAM LYNN CRESAP

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Annie A. Neff Cresap

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 3-16-1873

8. AGE: Years 75 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Cumberland, Maryland
(Town, county, and state)

10. Usual Occupation Car Operator

11. Industry or business Transportation

FATHER
12. Name Van S. Cresap
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Rawlings
15. Birthplace Maryland

16 (a) Informant Mary Lois Reed
(b) Address Church Home and Hospital

17 (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa. Aves. 17

19 (a) AUG 10 1948 (b) Huntington Williams Md.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1948, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1948 to Aug. 9 1948, and that I last saw him alive on Aug. 9 1948.

Immediate cause of death	Duration
Heart Foilure	
Auricular Fibrillation	5 days
Due to	
Due to	
Other Conditions Peptic Ulcer	15 yrs.
Lobar pneumonia	

(Include pregnancy within 3 months of death)

Date of operation 8-4-48

Major findings of operation: Perforating peptic ulcer

of autopsy: lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hal Moore M. D.
Address Church Home & Hosp Date signed 8-9-48

G65725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G665725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. O. A. Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Lowe Maude Irene Lowe

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William L. Lowe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1871

8. AGE: Years 76 | Months 9 | Days 17 | If less than one day: 18 hr. min.

9. Birthplace Shrewsbury, Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William H. Beck
13. Birthplace Shrewsbury, Pa.

MOTHER
14. Maiden Name Elizabeth J. Ludwig
15. Birthplace Pennsylvania

16 (a) Informant: Mrs. Cora B. Miller
(b) Address 1134 Sterling St. Coatsville, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1948 (month) (day) (year)
(c) Cemetery or crematory Lutheran - Cemetery
Location Shrewsbury, Pa

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Ave. 17

19 (a) AUG 10 1948 (Date received by registrar) (b) Huntingdon Valley, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 August 1948, at 11:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from; natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. A. Kammerer Jr. M.D.
Medical Examiner.
Date signed 9 Aug. 1948

VS 151

65726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. 665726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5419 Jonquil Ave.
(c) Hospital or institution:
27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5419 Jonquil Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Lang

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	220-12-8330

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wilson S. Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1869

8. AGE: Years	Months	Days	If less than one day
79	3	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Thomas Bowers
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgia Ann Gerbrick
15. Birthplace Maryland

16 (a) Informant Mrs. Hix Long, Jr.
(b) Address 5419 Jonquil Ave.

17 (a) Burial (b) Date thereof Aug 10, 1948
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Ave.

19 (a) AUG 10 1948 (b) Name Hix Long, Jr.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8, 1948, at 2:16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18/48 19 to 8/7/48 19, and that I last saw her alive on 8/6/48 19

Immediate cause of death	Duration
cardiac failure	
Due to carcinnoma of rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5/4/48
Major findings of operation: carcinoma of rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George F. Kupp
Address 3030 Edmondson Avenue Date signed 8/9/48

VS 150

BC-G 49282 ✓ G65727

G65727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G65727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto. 7 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3821 Fondale Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MILDRED Ann Mingee

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	—	F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 9, 1946
8. AGE: Years 2 | Months 2 | Days 0 | If less than one day hr. min.
9. Birthplace Balto., MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Mingee Robert W. Mingee
13. Birthplace Pocoloke, Va.

MOTHER
14. Maiden Name Viola Yocum
15. Birthplace Blaine, W. Va.

16 (a) Informant Robert Mingee
(b) Address Same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1948 (month) (day) (year)
(c) Cemetery or crematory Oakland Cemetery
Location Hampton, Va.
18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Aves.
19 AUG 10 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 19 48 at 4:45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 30 19 48 to Aug. 9 19 48
and that I last saw her alive on Aug. 9 19 48
Immediate cause of death Lymphosarcoma — Duration 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert E. Eraser M. D.
Address Mercy Hosp. Date signed 8/9/48

VS 150

G65728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G65728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... Dot
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ... 2
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Caroline St (If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME (Maggie) Margaret Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Orris

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) August 7, 1895

8. AGE: Years	Months	Days	If less than one day
53	0	0	... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Kirk Cornish
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Orris Wright
(b) Address 405 So. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore 30, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 Rec'd AUG 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1948, at 11 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Renal disease

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur? ...
(c) Did injury occur at home, on farm, industrial place, in public place? ... While at work? ...
(d) Means of injury ...

23. Signature ... M.D. (Medical Examiner.)
Date signed 8/5/48

65729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 c

✓ 665729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Gen Hos
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N Carrollton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy ROCKE (Rock)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~.

6 (b) Name of husband or wife John Rock
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) Dec 1920

8. AGE: Years	Months	Days	If less than one day
27	8		hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business

FATHER
12. Name Dallie Wickham
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Maggie Boyer
15. Birthplace Catonsville Md

16 (a) Informant: Dallie Wickham
(b) Address 738 W Mulberry st

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 8-11-48 (month) (day)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

AUG 10 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6-1948; at M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of pelvis.
Fracture of ribs.
~~Due to~~ Fracture of rt. humerus.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: a.a. &r.
(a) Date of injury 8/5/48 at 12 15 A. M.
(b) Where did injury occur? Furnace Branch Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No.
(d) Means of injury Auto and Truck

23. Signature George L. Merrill M.D. Medical Examiner.
Date signed 8/6/48

X

G65730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G65730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eustace F. McGuigan.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-3394

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna E. McGuigan.

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 4-29-1889

8. AGE: Years 59 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Tilghman Talbot Co. Md
(Town, county, and state)

10. Usual Occupation Waterman

11. Industry or business oyster

FATHER
12. Name Edward McGuigan.
13. Birthplace Revell Md.

MOTHER
14. Maiden Name Nancy Simmons
15. Birthplace Tilghman Md.

16 (a) Informant Mrs. Edna McGuigan
(b) Address 1733 Hanover St.

17 (a) Burial (b) Date thereof 8-10-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Johns
Location Tilghman Md.

18 (a) Funeral director Linda Mode
(b) Address Tilghman Md.

AUG 10 1948
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7th 1948 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6. 1948 to Aug 7. 1948 and that I last saw him alive on Aug 5. 1948

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Edna McGuigan

Address 1 E. Pawnee St Date signed 8/9/48

65731

AB-121615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

G65731 Registered No.

Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Lodge Forrest
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 2-1901

8. AGE: Years 47 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Frank Blackwell
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Records-Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1611 N. Arlington Ave

19 (a) AUG 10 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8- 1948, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28- 1948 to 8-8- 1948 and that I last saw her alive on 8-8- 1948.

Immediate cause of death	Duration
Malignant Hypernephroma	Unk.
Uremia	2 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Beechbold

Address Balto City Hosp. Date signed 8/10/48

VS 150

65732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 65732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 mos 11 ds
(e) Length of stay in Baltimore (yrs., mos., or days): 2 mos 11 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: Wicomico
(c) City or town: R.D. # Spring Hill Rd. Salisbury, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Herbert Townsend

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: m
5. Color or race: C
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1913

8. AGE: Years: 35 | Months | Days | If less than one day: hr. min.

9. Birthplace: Alonia Va (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Ray Townsend
13. Birthplace: Accomac Co. Va

MOTHER
14. Maiden Name: Amelia Millman
15. Birthplace: Accomac Co. Va

16 (a) Informant: Burles Townsend
(b) Address: 1727 Montgomery Ave - Phila

17 (a) B (Burial, cremation, or removal) (b) Date thereof: 8-11-48 (month) (day) (year)
(c) Cemetery or crematory: First Baptist
Location: Mulland Va.

18 (a) Funeral director: Jas. F. Stewart
(b) Address: Salisbury Md.

19 AUG 10 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8 1948, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1948 to Aug 8 1948, and that I last saw him alive on Aug 8 1948.

Immediate cause of death	Duration
Respirations ceased	
Due to: Respiratory paralysis	
Due to: Parkinsonism	

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Infantal Colony Uterus
of autopsy: nothing of note

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: José A. Olivera - de Choudens M.D.
Address: University Hospital Date signed: 8/9/48

65733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. 65733 8

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 N. Carrollton Ave
(c) Hospital or institution: Hc
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Haynie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Ella S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-25-77

8. AGE: Years	Months	Days	If less than one day
70 71	8	12	hr. min.

9. Birthplace Northumberland Co. Va.
(Town, county, and state)

10. Usual Occupation Store dlvr

11. Industry or business

FATHER
12. Name John H. Haynie
13. Birthplace Va.

MOTHER
14. Maiden Name Emily ?
15. Birthplace Va.

16 (a) Informant Ella S. Haynie
(b) Address 632 N. Carrollton Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 8-11-48 (month) (day) (year)
(c) Cemetery or crematory Family Cemetery
Location Lillian Va.

18 (a) Funeral director Samuel W. Sullivan Jr
(b) Address 1011 N. Arlington Ave

19 (a) AUG 10 1948 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1948, at 6.38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1948, to 8-7 1948, and that I last saw him alive on 8-7 1948.

Immediate cause of death	Duration
Myocarditis	One year
Due to	
Due to	
Other Conditions Arthritis	2 Mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker Date signed 8-9-48

Please write the causes of death clearly and legibly.

65734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B ✓ Register No. 65734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27-19
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5701 Narcissus Ave.
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Mrs. Minnie Fay Landsberg

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~.

6 (b) Name of husband or wife Benjamin L. Landsberg
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 8-15-95

8. AGE: Years	Months	Days	If less than one day
52 53	11	25	..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Joel H. Kramen
13. Birthplace Russia

MOTHER
14. Maiden Name Gertrude Ghenn
15. Birthplace Russia

16 (a) Informant Benjamin Landsberg
(b) Address 5701 Narcissus Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Weydon Ridge Road
18 (a) Funeral director Jack Lewis Inc
(b) Address 2120 Eutaw Place
19 AUG 10 1948 (Date rec'd by registrar) Funeral Director for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1948, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1948, to Aug. 9 1948, and that I last saw her alive on Aug. 9 1948

Immediate cause of death	Duration
Acute Pulmonary edema	
Due to Rheumatic Cardiac Failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature James H. McCosh
Address Women Hospital Date signed 8/9/48 (M/D)

VS 150

X

Write the causes of death clearly and legibly. Physicians: please write the correct age if apparently important. Please supply.

G65735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G65735

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Queensberry Ave
(c) Hospital or institution: -0-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-11
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Queensberry Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Pearlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 64 Months: Days: If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

MOTHER / FATHER

12. Name: Not Known

13. Birthplace: Russia

MOTHER

14. Maiden Name: Ellen Doplus

15. Birthplace: Russia

16 (a) Informant: Benjamin Pearlman

(b) Address: 1024 Queensberry Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 8-12-48 (month) (day) (year)

(c) Cemetery or crematory

Location: Hebrew Herring Line

18 (a) Funeral director: Jack Lewis Inc

(b) Address: 2400 Eutaw Place

AUG 10 1948 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10-1948, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1947 to Aug 10 1948, and that I last saw h[illegible] alive on Aug 9 1948

Immediate cause of death: Carcinomatosis — Duration: 1 yr

Due to: Carcinoma of Descending Colon — Duration: 2 yr.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Lester N. Kolman M.D. M. D.

Address: 3700 Park Heights Ave Date signed: Aug 10 1948

VS 150

5736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B

Registered No. G65736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... 16
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ...
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ...

3 (a) FULL NAME CLARA GWALTNEY

3 (b) If veteran, name war ...
3 (c) Social Security Account No. ...

4. Sex FEMALE | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife WILTON GWALTNEY
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr) 1901 - APRIL

8. AGE: Years 47 | Months 84 | Days ? | If less than one day ... hr. ... min.

9. Birthplace DRAGONVILLE, King + Queen Co., Va. (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business HOME.

FATHER
12. Name MARCUS SCOTT
13. Birthplace DRAGONVILLE, VA.

MOTHER
14. Maiden Name ROSE DRAPER
15. Birthplace ILLINOIS

16 (a) Informant HOUSTON SCOTT
(b) Address DRAGONVILLE, VA

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13. 48 (month) (day) (year)
(c) Cemetery or crematory Salida
Location VIRGINIA

18 (a) Funeral director JAMES A HAYES
(b) Address 242 W. HILL ST

19 AUG 10 1948 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 9 1948, at 3.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1942 to 8-9 1948 and that I last saw her alive on 8-9 1948.

Immediate cause of death Cardiac Failure — Duration ...
Due to ...
Due to ...
Other Conditions Fibromyomata Uteri
(Include pregnancy within 3 months of death)
Date of operation 8-3-48
Major findings of operation: Fibromyomata Uteri, Cervical Polyps
of autopsy: ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature David Auld M. D.
Address Univ. Hosp. Date signed 8-9-48

VS 150

G65737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G65737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) E.

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 E 41st St (18)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Bessie [redacted] FROCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Clarence E Frock

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr): June 24, 1894

8. AGE: Years: 54 | Months: 1 | Days: 13 | If less than one day: hr. min.

9. Birthplace: maryland (Town, county and state)

10. Usual Occupation: Housewife. pt at Hospital

11. Industry or business

FATHER
12. Name: William Platt
13. Birthplace: maryland

MOTHER
14. Maiden Name: Emelie George
15. Birthplace: Canada

16 (a) Informant: Clarence E Frock
(b) Address: 817 E 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 13/48 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor Ave

18 (a) Funeral director: Chester E Donovan
(b) Address: 3638 Roland Ave

19 (a) AUG 10 1948 (Date filed by Registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 19 48 at 6.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] alive on Aug 7 19 48

Immediate cause of death: Respiration ceased

Due to: Intracranial hemorrhage Intraventricular hemorrhage

Due to:

Other Conditions: Hypertension pt had rec'd 3 electroshock treatments

(Include pregnancy within 3 months of death)

Date of operation: August 5, 1948

Major findings of operation: Intraventricular hemorrhage

of autopsy:

Duration
Approx since Aug 2, 1948

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Hankins M. D.

Address Univ Hospital Baltimore Md Date signed 8/7/48

vs/ss To be approved by the Chief Medical Examiner Dr. W. H. Hamman, Jr.

65738

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 77c

Registered No. 65738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N Front St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW (RICHORA) PICHORA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1913

8. AGE: Years 35 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Coal Bluff Pa
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Nicolaus Pichora
13. Birthplace Poland

MOTHER
14. Maiden Name Nellie Lesniak
15. Birthplace Poland

16 (a) Informant: Anna Pichora
(b) Address 257 Old Battle Grove Rd

17 (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Burgettstown Pa
Location Burgettstown Pa

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St.

AUG 10 1948 Contington Williams M.D.
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1948 at 9-5 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute alcoholism,
Acute edema of lungs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature George G. Mussell M.D.
Medical Examiner.
Date signed 8/9/48

X

65739

MB 121827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

Registered No. 65739

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2838 O'Donnell St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Knoll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) ? 1879

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name Elizabeth?

15. Birthplace ?

16 (a) Informant Records Balto. City Hospitals

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12/48 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem

Location O'Donnell St

18 (a) Funeral director John J. Duda

(b) Address 2829 Hudson St

19 AUG 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9-48 1948 at 1.00 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4-48 1948 to 8-9 1948 and that I last saw h im alive on 8-9-48 1948

Immediate cause of death: CVA — Duration 6d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. J. Kelsch

Address Date signed 8/9/48

X

G65740 FS-1580R

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1104 G65740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Lake Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNA ANN FELDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/23/48

8. AGE: Years | Months | Days: 16 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: Walter Feldman
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Lorraine Nathanson
15. Birthplace: Balto Md

16 (a) Informant: Walter Feldman
(b) Address: Lake Drive & Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cem
Location: Balto Md

18 (a) Funeral director: David Sondheim & Son
(b) Address: 1401 Eutaw St

19 (a) AUG 10 1948 (Date received by registrar) Huntington Nottingham, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 9 1948, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dead on arrival 19 to 19, and that I last saw h alive on 19

	Duration
Immediate cause of death: Bronchopneumonia	
with multiple lung	
Abscesses & Emphysema	
Due to: Respiration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Allan J. Wolinsky M. D.
Address: Sinai Hosp Date signed 8-9-48

Dr. C. J. Lubinski, per.

VS 150

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 9-5 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH 62561 AND ENDING WITH 65740 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne
Rec Rd.

END OF REEL